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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002643

1. Corporation Name

CENTRAL FLORIDA RIDGE SOCCER OFFICIALS ASSOCIATION, INC.

Principal Place of Business

300 BRIGHAM ROAD
WINTER HAVEN FL 33880

Mailing Address

300 BRIGHAM ROAD
WINTER HAVEN FL 33880



2. Principal Place of Business

21 6615 Angus Drive

2a. Mailing Address

26 6615 Angus Drive

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

59-3097098

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

23 Lakeland FL

City & State

28 Lakeland FL

Zip

24 33810

Country

25 USA

Zip

29 33810

Country

30 USA

9. Name and Address of Current Registered Agent

MORTON, SAM
300 BRIGHAM ROAD
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name Kenneth J. Miller Sr.
82 Street Address (P.O. Box Number is Not Acceptable)
6615 Angus Drive
83
84 City Lakeland FL 85 Zip Code 33810

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Kenneth J. Miller Sr. (Treas) Kenneth J. Miller Sr.

(NOTE: Registered Agent signature required when reinstating)

1-14-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORTON, SAM
STREET ADDRESS 300 BRIGHAM ROAD
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TD
NAME MILLER, KEN
STREET ADDRESS 6615 ANGUS DRIVE
CITY-ST-ZIP LAKELAND FL 33809

TITLE VD
NAME AKIN, JOHN
STREET ADDRESS 525 LAKEVIEW DR
CITY-ST-ZIP BABSON PARK FL 33827

TITLE TD
NAME HARB, JALAL
STREET ADDRESS 4435 HARDEN OAK COURT
CITY-ST-ZIP LAKELAND FL 33813

TITLE D
NAME KELAHAH, MIKE
STREET ADDRESS 6338 OAK SQUARE, EAST
CITY-ST-ZIP LAKELAND FL 33813

TITLE D
NAME DIXON, RICK
STREET ADDRESS 3320 WREN LANE
CITY-ST-ZIP MULBERRY FL 33860

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 107 Eau Claire ST
1.4 CITY-ST-ZIP Auburndale, FL 33823

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME Secretary
4.3 STREET ADDRESS Catharine Doty
4.4 CITY-ST-ZIP 26 Tera Lane
Winter Haven, FL 33880

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth J. Miller Sr. (Treas) Kenneth J. Miller Sr.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1-14-99 1-800-456-4545
Date Daytime Phone # XT2185

CR2E037 (1/198)