

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90044 006 ****70.00

DOCUMENT # 740715

1. Entity Name
BRANDON AREA YOUTH SOCCER LEAGUE, INC.



Principal Place of Business
**3104 S. KINGS AVE.
BRANDON, FL 33511 US**

Mailing Address
**P.O. BOX 3322
BRANDON, FL 33509-3322 US**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

- Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1864017

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAROSZ, STEVE
835 GREENBELT CIRCLE
BRANDON, FL 33510**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JAROSZ, STEVE**
STREET ADDRESS **835 GREENBELT CIRCLE**
CITY-ST-ZIP **BRANDON, FL 33510**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **FOX, CRAIG**
STREET ADDRESS **2301 MARSEILLE COURT**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **JOHNSON, MICHAEL**
STREET ADDRESS **1114 TUXFORD DRIVE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GAMMON, JUAN**
STREET ADDRESS **6208 GANNETDALE DRIVE**
CITY-ST-ZIP **LITHIA, FL 33547**

TITLE ☒ Change ☐ Addition
NAME **GAMMON, JUAN**
STREET ADDRESS **2734 Valencia Grove Drive**
CITY-ST-ZIP **Valrico FL 33596**

TITLE **V** ☐ Delete
NAME **LEWIS, CHRIS**
STREET ADDRESS **4609 CLARKSDALE LANE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

813404-6862

Daytime Phone #