

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90008 049 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 744212 ✓

1. Corporation Name

YOUTH SOCCER, INC.

Principal Place of Business

1217 NW 16 AVE
P O BOX 12889
GAINESVILLE FL 32604
US

Mailing Address

1215 N W 16TH AVENUE
1217 NW 16 AVE
GAINESVILLE FL 32604
US



616048-90008-49

2. Principal Place of Business

21 23325 NW 102nd AVE

Suite, Apt. #, etc.

22
City & State
23 ALACHUA FL

Zip Country
24 32615 25 USA

2a. Mailing Address

26 PO BOX 12889

Suite, Apt. #, etc.

27
City & State
28 GAINESVILLE, FL

Zip Country
29 32604 30 USA

3. Date Incorporated or Qualified

09/08/1978

4. FEI Number

59-1874667

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

9. Name and Address of Current Registered Agent

WARD, PETER HAMILTON
4001 NEWBERRY RD.
SUITE ONE, BUILDING C
GAINESVILLE, FL. FL 32607

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VCD ☐ DELETE
NAME DIXON, WAYNE
STREET ADDRESS 23325 NW 102ND AVENUE
CITY-ST-ZIP ALACHUA FL

TITLE CD ☐ DELETE
NAME HOFFMAN, BRUCE
STREET ADDRESS 2917 N.W. 9TH PL
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☒ DELETE
NAME RIVERA, SANDI (SPONSOR)
STREET ADDRESS 1217 NW 16TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE VCD ☒ DELETE
NAME STOUT, RANDY
STREET ADDRESS 1224 NW 9TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GRACE DIXON
3.3 STREET ADDRESS 23325 NW 102nd AVE
3.4 CITY-ST-ZIP ALACHUA, FL 32615

4.1 TITLE VCD ☐ Change ☒ Addition
4.2 NAME SYLVIA CROOK
4.3 STREET ADDRESS 111 NW 23rd DR
4.4 CITY-ST-ZIP GAINESVILLE, FL 32607

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

6.1 TITLE ☐ Change ☐ Addition
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:

Ward Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/99

Date

352 372 395

Daytime Phone #

CR2E037 (5/99)