

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744947 (3)

1. Corporation Name

PINELLAS PARK YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2094  
PINELLAS PARK FL 34664-9094

P.O. BOX 2094  
PINELLAS PARK FL 34664-9094

3. Date Incorporated or Qualified

11/15/1978

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1885265

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGE, MARY ALICE  
526-15TH AVENUE N.E.  
ST PETERSBURG FL 33704

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)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DPC  
LANGE, MARY ALICE  
STREET ADDRESS 526-15 AVENUE NE  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME D  
LATHROP, LINDA  
STREET ADDRESS 2761 56 WAY NORTH  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME SD  
SMITH, MARY ANN.  
STREET ADDRESS 5320 96TH TERR. N.  
CITY - ST - ZIP PINELLAS PK. FL

TITLE ☒ DELETE

NAME VCVD  
GILBEY, PATRICIA  
STREET ADDRESS 9376 - 52ND WAY NORTH  
CITY - ST - ZIP PINELLAS PARK FL

TITLE ☒ DELETE

NAME TD  
WEIRICK, SUE  
STREET ADDRESS 4181 66TH AVE. N.  
CITY - ST - ZIP PINELLAS PARK FL

TITLE ☒ DELETE

NAME D  
WEIRICK, BOB  
STREET ADDRESS 4181 66TH AVE. N.  
CITY - ST - ZIP PINELLAS PARK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

TD

JILL WARREN

1126 - CENTRAL AVE

ST. PETERSBURG, FL 33704

VD

BILL MARTIN

6535 - 68 AVE N

PINELLAS PARK, FL 33781

D

DUDLEY WILCOX

6714 - 88 AVE N

PINELLAS PARK, FL 33782

SD

STEVE LANGE

526-15 AVE NE

ST. PETERSBURG, FL 33704

D

PAUL BRZODZINSKI

10601 - 96 ST N

LARGO, FL 33773

D

DAVID TAPIO

6081 - 95 Terrace N

PINELLAS PARK, FL 33782

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

Mary Alice Lange, Commissioner/President 8/1/95 (813) 888-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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CR2E037 (3/96)