


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90085 063 ****61.25

04-01-1999 90085 064 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 744947

1. Corporation Name

PINELLAS PARK YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 2094
 PINELLAS PARK FL 33780-2094
 US

Mailing Address

P.O. BOX 2094
 PINELLAS PARK FL 33780-2094
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/15/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1885265	
24 Country		29 Country		5. Certificate of Status Desired	
				X \$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

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

10. Name and Address of New Registered Agent

81 Name	DIANA ROBERTSON		
82 Street Address (P.O. Box Number is Not Acceptable)	8529 42 Ave No.		
83			
84 City	St. Petersburg	85 Zip Code	33709

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 *Diana Robertson* **DIANA ROBERTSON** Pres./Commissioner 2/1/99
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGE, MARY ALICE	1.2 NAME	BOB PAYNE
STREET ADDRESS	526-15 AVENUE NE	1.3 STREET ADDRESS	6470 109 Terrace No.
CITY-ST-ZIP	ST. PETERSBURG FL 33704	1.4 CITY-ST-ZIP	PWELLAS PARK, FL 33782
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHROP, LINDA	2.2 NAME	MICHELLE MCGOWEN
STREET ADDRESS	2761 56 WAY NORTH	2.3 STREET ADDRESS	7693 62nd ST. No
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	PWELLAS PARK, F 33781
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARY ANN.	3.2 NAME	DUDLEY WILCOX
STREET ADDRESS	5320 96TH TERR. N.	3.3 STREET ADDRESS	6714-88th Ave No
CITY-ST-ZIP	PINELLAS PK. FL	3.4 CITY-ST-ZIP	Pinellas Park, F 33782
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGE, STEVE	4.2 NAME	BILL MARTIN
STREET ADDRESS	526-15 AVENUE NE	4.3 STREET ADDRESS	6535 Ave No
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	PWELLAS PARK, F 33781
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRZOZOWSKI, PAUL	5.2 NAME	Steve Rudenis
STREET ADDRESS	10601 96TH STREET NORTH	5.3 STREET ADDRESS	9930 62 St. N
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Pinellas Park, F 33782
TITLE	DPC <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, DIANA	6.2 NAME	Mike Veeder
STREET ADDRESS	8529 42ND AVE N	6.3 STREET ADDRESS	6706 50 Ave N.
CITY-ST-ZIP	ST PETERSBURG FL 33704	6.4 CITY-ST-ZIP	St. Petersburg, F 33709

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: *Diana Robertson* **DIANA ROBERTSON** 2/1/99 (727)538-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0056142

CR2E037 (11/98)

281961-90085-32
744947

ADDITIONAL DIRECTORS NOT LISTED ON PREVIOUS PAGE

Victor Tikkanen
8331 56 th St. No.
Pinellas Park, Fla 33781

Dan Gould
9481 55 Way North
Pinellas Park, Fla 33782