2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# 747936

Entity Name: FLORIDA YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

8034 SUNPORT DRIVE
STE 404 AND 405
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

8034 SUNPORT DRIVE
STE 404 AND 405
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-1864634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWTON, BARBARA
12001 LITTLEBURY CT
TAMPA, FL 33635

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	NEWTON, BARBARA	
Address:	12001 LITTLEBERRY COURT	
City-St-Zip:	TAMPA, FL 33635	
Title:	DVP	( ) Delete
Name:	MATLAK, JERRY	
Address:	4445 NW 112TH AVE	
City-St-Zip:	CORAL GABLES, FL 33065	
Title:	DT	(X) Delete
Name:	SMITH, JIM	
Address:	404 CORNWALL RD	
City-St-Zip:	WINTER PARK, FL	
Title:	DVP	(X) Delete
Name:	MYRNA, FOSTER	
Address:	3104 WINCHERSTER DRIVE	
City-St-Zip:	COCOA, FL 32926	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	( ) Change (X) Addition
Name:	SHEPARD, MAC	
Address:	1059 BAY CIRCLE	
City-St-Zip:	PANAMA CITY BEACH, FL 32407	
Title:	DS	( ) Change (X) Addition
Name:	ROSEN, NORMAN	
Address:	4919 VICEROY STREET	
City-St-Zip:	CAPE CORAL, FL 33904	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J NEWTON PRES 02/23/2004
Electronic Signature of Signing Officer or Director — Date