FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749941** **(1)**

1. Corporation Name
EAST CITRUS SOCCER LEAGUE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 146 INVERNESS FL 34451-7146	P.O. BOX 146 INVERNESS FL 34451-7146

3. Date Incorporated or Qualified: **11/28/1979**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2693280** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WIEMANN, RICHARD A
2748 W EXPRESS LN
LECANTO FL 34461

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	ALLEN, KIM	1.2 NAME	Twiss, Kim	
STREET ADDRESS	5060 E LAMBERT LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	GRIMANDO, NICK	2.2 NAME	MIRPURI, GOVIND	
STREET ADDRESS	6201 E. PENROSE STREET	2.3 STREET ADDRESS	2341 N. HIBA TERRACE	
CITY-ST-ZIP	INVERNESS FL	2.4 CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	PD	3.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	WIEMANN, RICH	3.2 NAME		
STREET ADDRESS	2748 W. EXPRESS LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	D	☐ Change ☒ Addition
NAME	FLOYD, LYNN	4.2 NAME	GATTO, CHARLIE	
STREET ADDRESS	4080 S BIG AL POINT	4.3 STREET ADDRESS	4074 S. FLORAL TERRACE	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	MD	5.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, WENDY	5.2 NAME		
STREET ADDRESS	2772 W EXPRESS LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL	5.4 CITY-ST-ZIP		
TITLE	MD	6.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ROMAN, JOE	6.2 NAME	ROMANO, JOE	
STREET ADDRESS	483 S ROOK AVE	6.3 STREET ADDRESS	834 SWEET PINE PT.	
CITY-ST-ZIP	INVERNESS FL	6.4 CITY-ST-ZIP	INVERNESS, FL 34452	

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)(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.

SIGNATURE: R.A. Wiemann R. A. WIEMANN 4/24/95 904-563-4516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084848