

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749941 (1)

1. Corporation Name

EAST CITRUS SOCCER LEAGUE, INC.



Principal Place of Business

P.O. BOX 146
INVERNESS FL 34451-7146

Mailing Address

P.O. BOX 146
INVERNESS FL 34451-7146

3. Date Incorporated or Qualified
11/28/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

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

**WIEMANN, RICHARD A
2748 W EXPRESS LN
LECANTO FL 34461**

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	TWISS, KIM	
STREET ADDRESS	5060 E LAMBERT LN	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIRPURI, GOVIND	
STREET ADDRESS	2341 N HIZZ TERRACE	
CITY-ST-ZIP	LECANTO FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WIEMANN, RICH	
STREET ADDRESS	2748 W. EXPRESS LANE	
CITY-ST-ZIP	LECANTO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GATTO, CHARLIE	
STREET ADDRESS	4074 S FLORAL TERRACE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	FISHER, WENDY	
STREET ADDRESS	2772 W EXPRESS LN	
CITY-ST-ZIP	LECANTO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROMAN, JOE	
STREET ADDRESS	834 SWEET PINE STREET	
CITY-ST-ZIP	INVERNESS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T/D
2.3 STREET ADDRESS	DUNN, RICHARD
2.4 CITY-ST-ZIP	2105 W. MIDDLE LANE
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P/D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V/D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800001797408
5.3 STREET ADDRESS	-04/29/96--01019--004
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ROMANO, JOE
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **R. A. WIEMANN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

352-563-4516
Daytime Phone #

CR2E037 (12/95)