


FILE NOW: FILING FEE IS \$61.25

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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34451-0146
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3. Date Incorporated or Qualified 11/28/1979	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2693280	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 34481**

81 Name Steiner, Laurie J
82 Street Address (P.O. Box Number is Not Acceptable) 115 N. Vesper Pt
83
84 City Crystal River
85 Zip Code FL 34429

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 **Laurie J. Steiner**

6/10/97

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 SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TWISS, KIM		1.2 NAME Laure J Steiner	
STREET ADDRESS 5060 E LAMBERT LN		1.3 STREET ADDRESS 115 N. Vesper Pt	
CITY-ST-ZIP INVERNESS FL		1.4 CITY-ST-ZIP Crystal River, FL 34429	
TITLE T/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNN, RICHARD		2.2 NAME	
STREET ADDRESS 2105 W. MIDDLE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP LECANTO FL 34481		2.4 CITY-ST-ZIP	
TITLE P/D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIEMANN, RICH		3.2 NAME Keith Wyka	
STREET ADDRESS 2748 W. EXPRESS LANE		3.3 STREET ADDRESS 4272 S. William Ave	
CITY-ST-ZIP LECANTO FL		3.4 CITY-ST-ZIP Inverness, FL 34452	
TITLE V/D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GATTO, CHARLIE		4.2 NAME Theresa Godwin	
STREET ADDRESS 4074 S FLORAL TERRACE		4.3 STREET ADDRESS 2410 Ranchland St.	
CITY-ST-ZIP INVERNESS FL		4.4 CITY-ST-ZIP Inverness, FL	
TITLE MD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 VD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE M/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROMANO, JOE		6.2 NAME Gary Steiner	
STREET ADDRESS 834 SWEET PINE STREET		6.3 STREET ADDRESS 115 N. Vesper Pt	
CITY-ST-ZIP INVERNESS FL		6.4 CITY-ST-ZIP Crystal River, FL 34429	

14. I do 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.

(352)

CR2E037 (9/96)