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FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

P.O. BOX 146  
INVERNESS FL 34451-7146

P.O. BOX 146  
INVERNESS FL 34451-7146

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/28/1979**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

**Gatto, Charles**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **4074 South Floral Terrace**

84 City **Inverness**

FL 85 Zip Code **34452**

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

*Charles Gatto*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **STEINER, LAURIE J**  
STREET ADDRESS **115 N VESPER PT**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE **T/D** ☐ DELETE

NAME **DUNN, RICHARD**  
STREET ADDRESS **2105 W. MIDDLE LANE**  
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **VD** ☐ DELETE

NAME **WYKA, KEITH**  
STREET ADDRESS **4272 S WILLIAM AVE**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **SD** ☐ DELETE

NAME **GODWIN, THERESA**  
STREET ADDRESS **2410 RANCHLAND ST**  
CITY-ST-ZIP **INVERNESS FL**

TITLE **MD** ☒ DELETE

NAME **FISHER, WENDY**  
STREET ADDRESS **2772 W EXPRESS LN**  
CITY-ST-ZIP **LECANTO FL**

TITLE **MD** ☒ DELETE

NAME **STEINER, GARY**  
STREET ADDRESS **115 N VESPER PT**  
CITY-ST-ZIP **CRYSTAL RIVER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **Gatto, Charles**  
1.3 STREET ADDRESS **4074 S. Floral Terrace**  
1.4 CITY-ST-ZIP **Inverness FL, 34452**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Charles Gatto*

**4/20/98 352-726-1896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 352-726-1896

CR2E037 (10/97)