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Jul 09, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749941

1. Corporation Name

EAST CITRUS SOCCER LEAGUE, INC.

605419 - 90007 - 16

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 1	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/28/1979
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-2693280 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 4 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GATTO, CHARLES
4074 SOUTH FLORAL TERRACE
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name: John V Wittkowski

82 Street Address (P.O. Box Number is Not Acceptable): 3128 South Jean Ave

83

84 City: Inverness FL 85 Zip Code: 34450

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: John V Wittkowski 7-5-99
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	PD	☑ DELETE	1.1 TITLE	President PD	☐ Change ☑ Addition
NAME	GATTO, CHARLES		1.2 NAME	John V Wittkowski	
STREET ADDRESS	4074 S. FLORAL TERRACE		1.3 STREET ADDRESS	3128 South Jean AVE	
CITY-ST-ZIP	INVERNESS FL 34452		1.4 CITY-ST-ZIP	Inverness FL 34450	
TITLE	T/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, RICHARD		2.2 NAME		
STREET ADDRESS	2105 W. MIDDLE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LECANTO FL 34461		2.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	3.1 TITLE	Vice-President V/D	☐ Change ☑ Addition
NAME	WYKA, KEITH		3.2 NAME	STAN Fitterman	
STREET ADDRESS	4272 S WILLIAM AVE		3.3 STREET ADDRESS	1215 Claymore ST	
CITY-ST-ZIP	INVERNESS FL		3.4 CITY-ST-ZIP	Inverness FL 34450	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GODWIN, THERESA		4.2 NAME		
STREET ADDRESS	2410 RANCHLAND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	P/D	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: John V Wittkowski REQUIRED 7-5-99 352-726-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #