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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # 753879 (6)

1. Corporate Name

LAKELAND YOUTH SOCCER LEAGUE, INC.

FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
612 CAREY PL LAKELAND FL 33803	612 CAREY PL LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1980
3a. Date of Last Report: 02/10/1994

4. FEI Number: 59-2965214 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 903 KENSINGTON ST.
2a. Mailing Address: 26 P.O. BOX 1401

Suite, Apt. #, etc: 22
Suite, Apt. #, etc: 27

City & State: 23 LAKELAND, FLORIDA
City & State: 28 LAKELAND, FLORIDA

Zip: 24 33803 Country: 25 U.S.A
Zip: 29 33802 Country: 30 U.S.A

5. Certificate of Status Desired ☐ NO — $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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KAUFFMAN, STEVEN 612 CAREY PLACE LAKELAND FL 33803	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 (Typed or printed name of Registered Agent) (Registered Agent Signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DVP	☐ Change ☒ Addition
NAME	GAFFNEY, JOHN	12 NAME	Ray Kunz	
STREET ADDRESS	232 WOOD HALL DR.	13 STREET ADDRESS	305 W. Washington Drive	
CITY ST ZIP	MULBERRY FL	14 CITY ST ZIP	Lakeland FL 33801	
TITLE	DVP	21 TITLE	DP	☒ Change ☐ Addition
NAME	ROBERTS, DAVID	22 NAME		
STREET ADDRESS	2204 W. SUGARCREEK DR.	23 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	24 CITY ST ZIP	33811	
TITLE	DT	31 TITLE	DT	☒ Change ☐ Addition
NAME	KAUFFMAN, STEVEN	32 NAME	Kevin R. Kenny	
STREET ADDRESS	612 CAREY PLACE	33 STREET ADDRESS	903 Kensington St.	
CITY ST ZIP	LAKELAND FL	34 CITY ST ZIP	Lakeland, FL 33803	
TITLE	DS	41 TITLE		☒ Change ☐ Addition
NAME	MAHONEY, MARIA	42 NAME		
STREET ADDRESS	501 CARLETON STREET	43 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	44 CITY ST ZIP	33803	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	NOE, BERT	52 NAME		
STREET ADDRESS	1814 STONECREST CT.	53 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	54 CITY ST ZIP	33813	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	FUNKHOUSER, DEBRA	62 NAME		
STREET ADDRESS	4927 MARKET SQUARE	63 STREET ADDRESS		
CITY ST ZIP	LAKELAND FL	64 CITY ST ZIP	33813	

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. Further certify that the information indicated on this annual report or supplemental annual report is true and correct 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: Kevin R. Kenny
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

4/28/95 (813)688-9008
Date Daytime Phone #

KEVIN R. KENNY DIRECTOR/TREASURER

0055071