

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 # 753879 (6)

1. Corporation Name

LAKELAND YOUTH SOCCER LEAGUE, INC.

Principal Place of Business

903 KENSINGTON ST
LAKELAND FL 33803
US

Mailing Address

P O BOX 1401
LAKELAND FL 33803
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1980		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2965214		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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

KAUFFMAN, STEVEN
612 CAREY PLACE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81	Name	KEVIN R. KENNY	
82	Street Address (P.O. Box Number is Not Acceptable)	903 KENSINGTON STREET	
83			
84	City	LAKELAND	FL
85	Zip Code	33803	

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 KEVIN R. KENNY, TREASURER Kevin R. Kenny 3/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Diane Castaldi <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAFFNEY, JOHN	1.2 NAME	
STREET ADDRESS	232 WOOD HALL DR.	1.3 STREET ADDRESS	3806 BENT TREE LOOP E.
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	LAKELAND FL
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ROBERTS, DAVID	2.2 NAME	
STREET ADDRESS	2204 W. SUGARCREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KENNY, KEVIN R	3.2 NAME	
STREET ADDRESS	903 KENSINGTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, MARIA	4.2 NAME	NANCY NOE
STREET ADDRESS	501 CARLETON STREET	4.3 STREET ADDRESS	1814 STONECREST CT.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	LAKELAND, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	NOE, BERT	5.2 NAME	
STREET ADDRESS	1814 STONECREST CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	FUNKHOUSER, DEBRA	6.2 NAME	
STREET ADDRESS	4927 MARKET SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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: Kevin R. Kenny Treasurer 3/26/96 (941) 688-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)