

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 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 # **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 <b>08/26/1980</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2965214</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KEVIN R. KENNY  
903 KENSINGTON STREET  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Registrar-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANE CASTALDI	1.2 NAME	Melissa Walters
STREET ADDRESS	2806 BENT TREE LOOP E	1.3 STREET ADDRESS	614 McRorie Street
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland FL 33803
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Daryl Johnson-Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, DAVID	2.2 NAME	Daryl Johnson
STREET ADDRESS	2204 W. SUGARCREEK DR.	2.3 STREET ADDRESS	117 Hiawatha Tr.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland FL 33803
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY NOE	4.2 NAME	
STREET ADDRESS	1814 STONECREST CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *[Signature]* **SIGNATURE REQUIRED**

1-15-98

941-688-9478

CR2E037 (10/97)