

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT,
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:55

DOCUMENT # **758777** (7)

1. Corporation Name
FOREST HILLS YOUTH SOCCER LEAGUE, INC.

Principal Place of Business Mailing Address
13127 TIFTON DRIVE P.O. BOX 271834 TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1981** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2129790** Applied For Not Applicable

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 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for franchise fees under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MUSIAL, A.J., JR.
4830 W. KENNEDY BLVD., STE.750
TAMPA FL 33609**

10. Name and Address of New Registered Agent
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: _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HARRIS, JEANNE M
STREET ADDRESS	11101 WINTHROP WAY
CITY - ST - ZIP	TAMPA, FL 33618
TITLE	VD
NAME	BIDWELL, RONALD R
STREET ADDRESS	4111 HUDSON WAY
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	MUSIAL, A.J., JR.
STREET ADDRESS	13127 TIFTON DRIVE
CITY - ST - ZIP	TAMPA, FL 33618
TITLE	TD
NAME	TURNER, JOSEPH D
STREET ADDRESS	4238 BRIARBERRY LANE
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	MILEY, MICHELLE
STREET ADDRESS	2212 WHISPERING PINES DR
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Bidwell, Ronald R.
13 STREET ADDRESS	4111 Hudson Way
14 CITY - ST - ZIP	Tampa, FL 33624
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Musial, A.J., Jr.
23 STREET ADDRESS	13127 Tifton Drive
24 CITY - ST - ZIP	Tampa, FL 33618
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Harris, Jeanne M.
33 STREET ADDRESS	11101 Winthrop Way
34 CITY - ST - ZIP	Tampa, FL 33618
41 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Skingley, Sue
43 STREET ADDRESS	10200 N Armenia Avenue Apt 3702
44 CITY - ST - ZIP	Tampa, FL 33612
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 checked, or on an addendum with an address.

SIGNATURE: Ronald R. Bidwell **Ronald R. Bidwell** 04/28/95 (813)253-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)