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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767228** (0)

1. Corporation Name

PALM BAY YOUTH SOCCER INCORPORATED



Principal Place of Business	Mailing Address
600 DINNER STREET NE P.O. BOX 060929 PALM BAY FL 32907 US	600 DINNER STREET SE P.O. BOX 060929 PALM BAY FL 32907 US

3. Date Incorporated or Qualified	03/01/1983
4. FEI Number	59-2420411
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 2317 LINBERRY AVE Suite, Apt. #, etc.	26 P.O. BOX 60929 Suite, Apt. #, etc.
22 City & State	27 City & State
23 MALABAR FL Zip Country	28 PALM BAY FL Zip Country
24 32906 25 US A	29 32906-0929 30 USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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	
HARRINGTON, PATRICIA 600 DINNER STREET NE PALM BAY FL 32907	

81 Name	COLLEEN M TORHAN
82 Street Address (P.O. Box Number is Not Acceptable)	1367 HAVRE ST NW
83	
84 City	PALM BAY FL
85 Zip Code	FL 32907

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 Colleen M. Torhan - Treasurer DATE 2-16-98

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P DAYTON, JOEL C
STREET ADDRESS	2317 LINEBERRY AVE
CITY-ST-ZIP	MALABAR FL
TITLE	<input type="checkbox"/> DELETE
NAME	V HINCHMAN, JAMES A
STREET ADDRESS	714 GERANIUM AVE SW
CITY-ST-ZIP	PALM BAY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T HARRINGTON, PATRICIA
STREET ADDRESS	600 DINNER STREET NE
CITY-ST-ZIP	PALM BAY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S TORHAN, COLLEEN
STREET ADDRESS	1367 HAVRE STREET NW
CITY-ST-ZIP	PALM BAY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MCQUIRE, EDWARD F.
STREET ADDRESS	3283 EDGEWOOD DRIVE, NE
CITY-ST-ZIP	PALM BAY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MACEDO, MARY E.
STREET ADDRESS	1671 CRANFIELD TERRACE
CITY-ST-ZIP	PALM BAY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T TORHAN, COLLEEN M
3.3 STREET ADDRESS	1367 HAVRE ST NW
3.4 CITY-ST-ZIP	PALM BAY FL 32907
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S MACEDO, MARY
4.3 STREET ADDRESS	1671 CRAIFIELD TERR. SE
4.4 CITY-ST-ZIP	PALM BAY FL 32907
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D DILTS, GARY
5.3 STREET ADDRESS	787 ISAR AV NW
5.4 CITY-ST-ZIP	PALM BAY FL 32907
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D SCHMID, PETE
6.3 STREET ADDRESS	1375 TILBERG AV NW
6.4 CITY-ST-ZIP	PALM BAY FL 32907

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: Colleen M. Torhan DATE 2-16-98 407-999-2158

CR2E037 (1097)