

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90036 028 ***150.00

DOCUMENT # 767228

1. Corporation Name

PALM BAY YOUTH SOCCER INCORPORATED

Principal Place of Business

2317 LINBERRY AVENUE
MALABAR FL 32906
US

Mailing Address

P.O. BOX 60929
PALM BAY FL 32906-0929
US



2. Principal Place of Business

21 714 GERANIUM AVE S.W.

Suite, Apt. #, etc.

22 PALM BAY, FL

City & State

23 32908 US

Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/01/1983

4. FEI Number

59-2420411

Applied For

Not Applicable

5. Certificate of Status Desired

✓

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

TORHAN, COLLEEN M.
1367 HAVRE ST. NW
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name

VAN MEIR, KATHLEEN S.

82 Street Address (P.O. Box Number is Not Acceptable)

3935 PEPPER TREE STREET

83

84 City

GRANT

FL

85 Zip Code
32949

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

Kathleen S. VanMeir

Kathleen S. VanMeir

4-1-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME DAYTON, JOEL C
STREET ADDRESS 2317 LINBERRY AVE
CITY-ST-ZIP MALABAR FL

TITLE V ☒ DELETE

NAME HINCHMAN, JAMES A
STREET ADDRESS 714 GERANIUM AVE SW
CITY-ST-ZIP PALM BAY FL

TITLE T ☒ DELETE

NAME TORHAN, COLLEEN M.
STREET ADDRESS 1367 HAVRE ST. NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE S ☒ DELETE

NAME MACEDO, MARY
STREET ADDRESS 1671 CRANFIELD TERRACE SE
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ DELETE

NAME DILTS, GARY
STREET ADDRESS 787 ISAR AVE NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE D ☐ DELETE

NAME SCHMID, PETE
STREET ADDRESS 1375 TILBERG AVE NW
CITY-ST-ZIP PALM BAY FL 32907

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

12 NAME HINCHMAN, JAMES A
13 STREET ADDRESS 714 GERANIUM AVE SW
14 CITY-ST-ZIP PALM BAY, FL 32908

2.1 TITLE V ☒ Change ☐ Addition

22 NAME SHELDON, GREGORY J.
23 STREET ADDRESS 565 JUSTICE AVE. N.W.
2.4 CITY-ST-ZIP PALM BAY, FL 32907

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME VAN MEIR, KATHLEEN S.
3.3 STREET ADDRESS 3935 PEPPER TREE STREET
3.4 CITY-ST-ZIP GRANT, FL 32949

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME RYAN, CHRIS
4.3 STREET ADDRESS 1404 HAYWORTH CIRCLE NW
4.4 CITY-ST-ZIP PALM BAY, FL 32907

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

18 MAR 99 (407) 729-5576

Date

Daytime Phone #

CR2E037 (11/98)