

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 # 768807 (0)

1. Corporation Name

OSCEOLA YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business

9751 98TH ST. NO.
SEMINOLE FL 34647
US

Mailing Address

P.O. BOX 10071
LARGO FL 34643
US

3. Date Incorporated or Qualified

06/08/1983

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAASE, DONNA
8958 ENCHANTMENT DRIVE
LARGO FL 34643

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 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Donna Haase Pres.

DONNA HAASE

4/29/96

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 ☒ DELETE
NAME VD INGHAM, ROBERT
STREET ADDRESS 8488 94 AVE N
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME VD BRYANT, EARL
1.3 STREET ADDRESS 10834 92nd St. No.
1.4 CITY-ST-ZIP Largo, FL 34647

TITLE ☐ DELETE
NAME PD HAASE, DONNA
STREET ADDRESS 8958 ENCHANTMENT DRIVE
CITY-ST-ZIP LARGO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME SD TURNER, MARIE
STREET ADDRESS 8815 92ND TERRACE NO.
CITY-ST-ZIP SEMINOLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SD RUTH ANN FRANCE
3.3 STREET ADDRESS 9158 82nd Way No.
3.4 CITY-ST-ZIP Largo, FL 34647

TITLE ☐ DELETE
NAME TD JONES, K.C.
STREET ADDRESS 9407 SCOTT DRIVE
CITY-ST-ZIP SEMINOLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Donna Haase Pres.

DONNA HAASE

4/29/96

N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)