FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

May 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

(0)

Mailing Address

OSCEOLA YOUTH SOCCER ASSOCIATION, INC.

9751 -98TH ST SEMINOLE FL		P.O. BOX 10071 LARGO FL 34643				3. Date Incorporated or Qualified				
US		US				06/06/1983 4. FEI Number	TA:	plied For		
						NOT APPLICABLE	<u> </u>	t Applicable		
2. Principal P	lace of Business	2a. Mailing Address				5. Certificate of Status Desired	\$8.75	Additional equired		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00			
22		27	 			Trust Fund Contribution	Added to	Fees		
City & State	9	City & State				7. Is this nonprofit corporation a homeowners		n?		
Zip	Country	28 7in	Co.			Yes 🗌				
— ·	Country 25	Zip 29 33773	30	untry		This corporation owes or has paid the curre Personal Property Tax due June 30.		angible] No		
24	g, Name and Address of Current		30]	Ι		10. Name and Address of New Registered Ag		J 140		
					81 Name					
HAASE, DONNA								{		
8958 ENCHANTMENT DRIVE				82	Street /	Address (P.O. Box Number is Not Acceptable)				
	FL 33773			83						
24100	72 00770									
				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 obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registere	d Agen	il signature	required when reinstating) DATE		i		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND D		IS IN 12		
TITLE	VD DELETE			1.1 TITLE		VD Wide	Change	Addition		
NAME	BRYANT, EARL		1.2 N	1.2 NAME		Olver, Michael 5918 114th Terr No.				
STREET ADDRESS 10834 92ND STREET NORTH			1.3 \$1	1.3 STREET ADDRESS		Pinellas Park, FC 33782-				
CITY-ST-ZIP										
TITLE	PD DELETÉ					SD	Change	☐ Addition		
NAME	GREENE, LYNN		2.2 NAME							
STREET ADDRESS	8693 91 TERR		2.3 \$1	2.3 STREET ADDRESS						
CITY-ST-ZIP	LARGO FL			2.4 CITY-ST-ZIP			16.			
TITLE	\$D DELETE			3.1 TITLE		- · L	Change	L Addition		
NAME	FRANCE, RUTH ANN		3.2 NAME							
STREET ADDRESS	9158 82ND WAY NORTH LARGO FL		3.3 STREET ADDRESS		1			}		
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		- ZIP		Change	Addition		
NAME	JONES, K.C.			4.2 NAME		_	T Ottoriåe	- Addition		
STREET ADDRESS	9407 SCOTT DRIVE				ADDRESS					
CITY-ST-ZIP	SEMINOLE FL			TY-ST	ſ					
TITLE	PD	☐ DELETÉ	5.1 T(PD	Change	Addition		
NAME	Richard Throng		5.2 N/		Ì	Richard Johnson 8759 101 St Ave No.	•			
STREET ADDRESS	Richard Johnson 1759-101 St Ave No.			5.3 STREET ADDRESS		8759 1015 Ave No.				
CITY-ST-ZIP				ITY-ST	- ZIP	Seminole, FC 33777				
TITLE		☐ DELETE	6.1 TITLE		$\neg \neg$		Change	☐ Addition		
NAME		6.3		.2 NAME				1		
STREET ADDRESS	DOPRESS			6.3 STREET ADDRESS				ļ		
CITY-ST-ZIP	TY-ST-ZIP			TY-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.ghanged, or on an attachment with an address.										
SIGNATURE: Dozu Frenchet 4/28/98										