

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90168 029 \*\*\*\*61.25

DOCUMENT # 768807

1. Corporation Name

OSCEOLA YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

9751 -98TH ST. NO.  
SEMINOLE FL 33777  
US

Mailing Address

P.O. BOX 10071  
LARGO FL 33773  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/08/1983

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

9. Name and Address of Current Registered Agent

HAASE, DONNA  
8958 ENCHANTMENT DRIVE  
LARGO FL 33773

10. Name and Address of New Registered Agent

81 Name Michael Oliver

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

5978 114th Terrace No.

83

84 Pinellas Park

FL

33782  
Zip Code  
33776

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 Michael Oliver michael Oliver

4/29/99

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 VD  
NAME OLIVER, M  
STREET ADDRESS 5978 114TH TERR N  
CITY-ST-ZIP PINELLAS PK FL 33782

TITLE SD  
NAME GREENE, LYNN  
STREET ADDRESS 8693 91 TERR  
CITY-ST-ZIP LARGO FL

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

TITLE PD  
NAME JOHNSON, R  
STREET ADDRESS 8759 101ST AVE  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD  
1.2 NAME J.C. Crouch  
1.3 STREET ADDRESS 8388 121st Place  
1.4 CITY-ST-ZIP Largo 33773

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

3.1 TITLE TD  
3.2 NAME Donna Haase  
3.3 STREET ADDRESS 8958 Enchantment Dr.  
3.4 CITY-ST-ZIP Largo, FL 33773

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

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

6.1 TITLE  
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: Donna Haase 4/29/99 727-2630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)