FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770427** **(3)**

1. Corporation Name

COUNTRYSIDE YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2920 HEATHER COURT CLEARWATER FL 34621	2920 HEATHER COURT CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1983
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2330947 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

STEINER, WILLIAM
2920 HEATHER COURT
CLEARWATER FL 33519

10. Name and Address of New Registered Agent

10.1 Name: MARGARET PLANAMENTA
10.2 Street Address (P.O. Box Number is Not Acceptable)
10.3: 106 MEADOWCROSS DR.
10.4 City: SAFETY HARBOR FL 10.5 Zip Code: 34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Margaret Planamenta Commissioner — 4-7-95
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	PD	13.1 TITLE	PD	☒ Change ☐ Addition
NAME	THIEL, RICK	13.2 NAME	HOUGH, GLENN	
STREET ADDRESS	1812 PINE HILL DRIVE	13.3 STREET ADDRESS	1862 CASTLEWOOD DR	
CITY-ST-ZIP	SAFETY HARBOR FL	13.4 CITY-ST-ZIP	SAFETY HARBOR, FL. 34695	
TITLE	VPD	23.1 TITLE	VPD	☒ Change ☐ Addition
NAME	THIEL, JOYCE	23.2 NAME	MATHEWS, ROBERT	
STREET ADDRESS	1812 PINE HILL DR	23.3 STREET ADDRESS	65 HARBOR WOODS CIR.	
CITY-ST-ZIP	SAFETY HARBOR FL	23.4 CITY-ST-ZIP	SAFETY HARBOR, FL. 34695	
TITLE	SD	33.1 TITLE		☐ Change ☐ Addition
NAME	LEECH, SUE	33.2 NAME		
STREET ADDRESS	3046 EGRET TERRACE	33.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	33.4 CITY-ST-ZIP		
TITLE	TD	43.1 TITLE		☐ Change ☐ Addition
NAME	CORRIGAN, KEVIN L	43.2 NAME		
STREET ADDRESS	2406 HAMPTON LN W	43.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	43.4 CITY-ST-ZIP		
TITLE	VPD	53.1 TITLE		☐ Change ☐ Addition
NAME	SCHENK, VICKIE	53.2 NAME		
STREET ADDRESS	2587 FOREST RUN COURT	53.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	53.4 CITY-ST-ZIP		
TITLE		63.1 TITLE		☐ Change ☐ Addition
NAME		63.2 NAME		
STREET ADDRESS		63.3 STREET ADDRESS		
CITY-ST-ZIP		63.4 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: KEVIN L. CORRIGAN — 4/26/95 (813)446-0018
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018470