


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00000003185</b>	
1. Entity Name WEST PASCO YOUTH SOCCER ASSOCIATION, INC.	

Principal Place of Business W.H. "JACK" MITCHELL JR. PARK LITTLE ROAD & CYPRESS LAKE BLVD. NEW PORT RICHEY, FL	Mailing Address P.O. BOX 1965 NEW PORT RICHEY, FL 34656-1965
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3645858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GENDEBIEN, JEAN F. 4522 ONORIO ST NEW PORT RICHEY, FL 34653
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**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000725824 05/03/07-80038-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GENDEBIEN, JEAN F 4522 ONORIO STREET NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAUFFER, DENISE 12805 FLAMINGO PARKWAY SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHENDOLLAR, DEBORAH 4424 FORT SHAUL DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNES, BERT 10314 FENCE LINE ROAD NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	JEAN GENDEBIEN TREASURER	Date 4/20/07 (727) 505-5195	Daytime Phone #
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