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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02737**

1. Corporation Name

Hudson Youth Soccer Association, Inc.

Principal Place of Business

Mailing Address

**Pasco County Parks
and Recreation**

**P.O. Box 5253
Hudson, FL 34674**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/25/1984		3a. Date of Last Report 9/13/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2432995		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**William A. Stevens
9454 Royal Palm Ave
New Port Richey, FL 34654**

10. Name and Address of New Registered Agent

81	Name Patrick K. Jones
82	Street Address (P.O. Box Number is Not Acceptable) 12817 Banyan St
83	
84	City Hudson
85	Zip Code FL 34669

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 *Patrick K. Jones* *Patrick K. Jones* *4/24/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/Commissioner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME William A. Stevens		1.2 NAME Patrick K. Jones	
STREET ADDRESS 9454 Royal Palm Ave		1.3 STREET ADDRESS 12817 Banyan St	
CITY-ST-ZIP New Port Richey, FL 34654		1.4 CITY-ST-ZIP Hudson FL 34667	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/Vice Commissioner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Troy Cornwell		2.2 NAME Ted Paneson	
STREET ADDRESS 10109 Landmark Dr.		2.3 STREET ADDRESS 14330 Hicks Road	
CITY-ST-ZIP Hudson, FL 34667		2.4 CITY-ST-ZIP Hudson, FL 34669	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Vivian J. Bielski		3.2 NAME Patty Reeves	
STREET ADDRESS 7721 Arbordale Dr.		3.3 STREET ADDRESS 13030 Port Court	
CITY-ST-ZIP Port Richey, FL 34668		3.4 CITY-ST-ZIP Hudson, FL 34667	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D/ Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Edy Tyndall	
STREET ADDRESS		4.3 STREET ADDRESS 9400 Mango Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP New Port Richey, FL 34652	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D/Registrar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Kelly Klein	
STREET ADDRESS		5.3 STREET ADDRESS 9610 Rainbow Lane	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Port Richey, FL 34668	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE 400002228334	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME -07/01/97--01094--006	
STREET ADDRESS		6.3 STREET ADDRESS ***70.00	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Patrick K. Jones* *D/Commissioner* *6/24/97* *813-863-2125*
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)