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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02737** (7)

1. Corporation Name

HUDSON YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PASCO COUNTY PARKS AND RECREATION
PO BOX 5253
HUDSON FL 34674

PASCO COUNTY PARKS AND RECREATION
PO BOX 5253
HUDSON FL 34674

3. Date Incorporated or Qualified

04/25/1984

4. FEI Number

59-2432995

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, PATRICK K
12817 BANYAN ST
HUDSON FL 34667**

81 Name

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

83

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

Patrick K Jones

Commissioner

Patrick K Jones

1/12/98

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	DC	<input type="checkbox"/> DELETE
NAME	JONES, PATRICK K	
STREET ADDRESS	12817 BANYAN ST	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE	DVC	<input type="checkbox"/> DELETE
NAME	PANESON, TED	
STREET ADDRESS	14330 HICKS ROAD	
CITY-ST-ZIP	HUDSON FL 34669	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	REEVES, PATTY	
STREET ADDRESS	13030 PORT COURT	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	TYNDALL, EDY	
STREET ADDRESS	9400 MANGO DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	DR	<input type="checkbox"/> DELETE
NAME	KLEIN, KELLY	
STREET ADDRESS	9610 RAINBOW LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *Patrick K Jones*

1/12/98

813-863-2125

CR2E037 (10/97)