

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02737

1. Corporation Name

HUDSON YOUTH SOCCER ASSOCIATION, INC.

Principal Place of Business

PASCO COUNTY PARKS AND RECREATION
PO BOX 5253
HUDSON FL 34674

Mailing Address

PASCO COUNTY PARKS AND RECREATION
PO BOX 5253
HUDSON FL 34674

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90003 021 ****70.00



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/25/1984

4. FEI Number

59-2432995

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

JONES, PATRICK K
12817 BANYAN ST
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name Pat Richardson
82 Street Address (P.O. Box Number is Not Acceptable)
8604 Millcreek Ln
83
84 City Bayonet Pt FL 85 Zip Code 34667

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

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 DC
NAME JONES, PATRICK K
STREET ADDRESS 12817 BANYAN ST
CITY-ST-ZIP HUDSON FL 34667 ☒ DELETE

TITLE DVC
NAME PANESON, TED
STREET ADDRESS 14330 HICKS ROAD
CITY-ST-ZIP HUDSON FL 34669 ☒ DELETE

TITLE DS
NAME REEVES, PATTY
STREET ADDRESS 13030 PORT COURT
CITY-ST-ZIP HUDSON FL 34667 ☒ DELETE

TITLE DT
NAME TYNDALL, EDY
STREET ADDRESS 9400 MANGO DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☒ DELETE

TITLE DR
NAME KLEIN, KELLY
STREET ADDRESS 9610 RAINBOW LANE
CITY-ST-ZIP PORT RICHEY FL 34668 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC
1.2 NAME Pat Richardson ☒ Change ☒ Addition
1.3 STREET ADDRESS 8604 Millcreek Ln
1.4 CITY-ST-ZIP Bayonet Pt, FL 34667

2.1 TITLE DVC
2.2 NAME Bob Garcia ☒ Change ☐ Addition
2.3 STREET ADDRESS 11040 McKinley Dr
2.4 CITY-ST-ZIP Port Richey, FL 34668

3.1 TITLE DS
3.2 NAME Paula Follmar ☒ Change ☐ Addition
3.3 STREET ADDRESS 12929 Sugar Creek Blvd
3.4 CITY-ST-ZIP Hudson, FL 34669

4.1 TITLE DR
4.2 NAME Liz Pursley ☒ Change ☐ Addition
4.3 STREET ADDRESS 13005 Willoughby Ln.
4.4 CITY-ST-ZIP Hudson, FL 34667

5.1 TITLE DVC
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE DT
6.2 NAME Pat Jones ☒ Change ☐ Addition
6.3 STREET ADDRESS 12817 Banyan St
6.4 CITY-ST-ZIP Hudson, FL 34669

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0071829