2004 NOT-FOR-PROFIT CORPORATION

SIGNATURI

SIGNATURE AND TYPED OR PRINTED NAME OF

ANNUAL REPORT (AR) May 17, 2004 8:00 am Secretary of State DOCUMENT # N02737 1. Entity Name 05-17-2004 90008 012 ****61.25 HUDSON YOUTH SOCCER ASSOCIATION, INC. Principal Place of Business Mailing Address 6609 RIDGE RD. 6609 RIDGE RD. PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2432995 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Vescio AMBROGIO, DENNIS Street Address (P.O. Box Number is Not Acceptable) 12727 BUCKHORN DRIVE HUDSON FL 34669 Rd Zimmerman Zip Code 34 668 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. SIGNATU lonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Kegistra-TITLE TITLE Addition AMBROGIO, DENNIS Tina Jones NAME NAME 12727 BUCKHORN DRIVE 12540 Litewood a STREET ADDRESS STREET ADDRESS HUDSON FL 34669 CiTY-ST-7/P CITY-ST-ZIP Hudson, FL 34667 DVC TITLE Delete TITLE Change Addition ELY, SCOTT NAME NAME 7424 CYNTHIA CT STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP ice Commitation TITLE _ Delete -TITLE Addition FOLLMAR, PAULA NAME NAME 12929 SUGAR CREEK BLVD STREET ADDRESS STREET ADDRESS HUDSON FL 34669 CITY-ST-ZIP CITY-ST-ZIP DR Co Conni TITLE TITLE Delete Change Addition WILSON, LISA Dave Oras 13409 Hyacinth Terrace NAME NAME 10320 PASTEL LANE STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP Hudson FL 34667 TITLE ☐ Delete TITLE Change ■ Addition VESCIO. PAUL 11125 ZIMMERMAN RD STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34668 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEWEERD, DAVID 13021 SERPENTINE DR. STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-7IP CITY-ST-ZIP 12. 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 report or supplemental (port 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 the empowered.

NG OFFICER OR DIRECTOR

Daytime Phone #