

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90237 010 ****61.25

DOCUMENT # N02737

1. Entity Name
HUDSON YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business
6609 RIDGE RD.
STE. 4
PORT RICHEY, FL 34668

Mailing Address
6609 RIDGE RD.
STE. 4
PORT RICHEY, FL 34668

60000267



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2432995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSHING, MARK
12715 FIGTREE LN
HUDSON, FL 34667

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE R ☐ Delete
NAME JONES, TINA
STREET ADDRESS 12540 CITEWOOD DR
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME NEWELL, DAGMAR
STREET ADDRESS 13430 COLONY RD
CITY-ST-ZIP HUDSON, FL 34669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME WALKER, BIN
STREET ADDRESS 7824 LIGHTFOOT DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME ORAS, DAVE
STREET ADDRESS 13409 HYACIATH TERRACE
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☐ Delete
NAME RUSHING, MARK
STREET ADDRESS 12715 FIGTREE LN
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME DEWEERD, DAVID
STREET ADDRESS 13021 SERPENTINE DR.
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07

727. 549. 2785