## 2008 NOT-FOR-PROFIE© TRPORATION

## **ANNUAL REPORT**

DOCUMENT # N02737

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

DO NOT WRITE IN THIS SPACE

PORT RICHEY, FL 34668

## **FILED** Jan 25, 2008 08:00 Al Secretary of State



01032008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2432995 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytena Phone 4

6. Name and Address of Current Registered Agent

RUSHING, MARK 12715 FIGTREE LN **HUDSON, FL 34667** 

## DO NOT WRITE IN THIS SPACE

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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 little	o if applicable (NOTE; Registered	Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finance     Trust Fund Contribution.	cing	<b>\$5.00</b> May Be Added to Fees	
10.	. OFFICERS AND DIRECTORS			······	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R JONES, TINA 12540 CITEWOOD DR HUDSON, FL 34667				U00000798303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWELL, DAGMAR 13430 COLONY RD HUDSON, FL 34669				01/30/08-00022-021 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WALKER, BIN 7824 LIĞHTFOOT DR NEW PORT RICHEY, FL 34653		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ORAS, DAVE 13409 HYACIATH TERRACE HUDSON, FL 34667			IN	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	DC RUSHING, MARK 12715 FIGTREE LN HUDSON, FL 34667				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DEWEERD, DAVID 13021 SERPENTINE DR. HUDSON, FL 34667				
12. Thereby 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.					