FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:23

DOCUMENT # N05004 (9)

1. Corporation Name
CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 279 LAND O'LAKES FL 34639	P O BOX 279 LAND O'LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 06/07/1994
4. FEI Number: 59-2439154 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

FOCHT, ROBERT M., ESQ.
4512 LAND O' LAKES BLVD.
P.O. BOX 1383
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T ☐ Change ☐ Addition
NAME	MARTIN, BRUCE	1.2 NAME	ROBERT H. BOKER
STREET ADDRESS	23545 PINE LAKE ST.	1.3 STREET ADDRESS	2641 MARTHA LN
CITY-ST-ZIP	LAND O'LAKES FL	1.4 CITY-ST-ZIP	LANDO LAKES FL 34639
TITLE	T	2.1 TITLE	T ☐ Change ☐ Addition
NAME	CURCI, JOHN	2.2 NAME	Donnel CORTRIGHT
STREET ADDRESS	4905 PARKWAY BLVD.	2.3 STREET ADDRESS	1712 OSPREY WAVE
CITY-ST-ZIP	LAND O'LAKES FL	2.4 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLEN, MICHAEL	3.2 NAME	
STREET ADDRESS	21651 CARSON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, KAREN	4.2 NAME	
STREET ADDRESS	23545 PINE LAKE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, DALE	5.2 NAME	
STREET ADDRESS	1020 COUNTRY CLOSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL CAMUNAS	6.2 NAME	
STREET ADDRESS	3215 CANAL PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Bruce E. Martin 2/2/95 (813) 996-7223
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0004824