

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N05004 (9)**  
1. Corporation Name  
**CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.**

**100001812841**  
-05/08/96--01027--013  
\*\*\*\$61.25



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

Mailing Address  
**P O BOX 279  
LAND O'LAKES FL 34639**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/06/1984</b>		3a. Date of Last Report <b>02/09/1995</b>	
21		26		4. FEI Number <b>59-2439154</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

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

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b>	1.1 TITLE	<b>PRESIDENT</b>
NAME	<b>BOKEE, ROBERT H</b>	1.2 NAME	<b>TIMOTHY G. HAYES</b>
STREET ADDRESS	<b>2611 MARTHA LN</b>	1.3 STREET ADDRESS	<b>21859 State Road 54, Ste. 200</b>
CITY-ST-ZIP	<b>LAND O LAKES FL</b>	1.4 CITY-ST-ZIP	<b>Lutz, FL 33549-6986</b>
TITLE	<b>T</b>	2.1 TITLE	<b>Director</b>
NAME	<b>CORTRIGHT, DONNEL</b>	2.2 NAME	
STREET ADDRESS	<b>1712 OSPREY LANE</b>	2.3 STREET ADDRESS	<b>Lutz, FL 33549</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b>	3.1 TITLE	<b>Director</b>
NAME	<b>MILLEN, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>21851 CARSON DR.</b>	3.3 STREET ADDRESS	<b>Land O'Lakes, FL 34639</b>
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<b>Vice President</b>
NAME	<b>MARTIN, KAREN</b>	4.2 NAME	
STREET ADDRESS	<b>23545 PINE LAKE ST.</b>	4.3 STREET ADDRESS	<b>Land O'Lakes, FL 34639</b>
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b>	5.1 TITLE	<b>Secretary</b>
NAME	<b>SCOTT, DALE</b>	5.2 NAME	<b>Jennifer Bolton</b>
STREET ADDRESS	<b>1020 COUNTRY CLOSE</b>	5.3 STREET ADDRESS	<b>23226 Dover Rd.</b>
CITY-ST-ZIP	<b>LUTZ FL</b>	5.4 CITY-ST-ZIP	<b>Land O'Lakes, FL 34639</b>
TITLE	<b>T</b>	6.1 TITLE	<b>Treasurer</b>
NAME	<b>CAMUNAS, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>3215 CANAL PL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	6.4 CITY-ST-ZIP	<b>Land O'Lakes, FL 34639</b>

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)(k), 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:

**TIMOTHY G. HAYES**

**21859 State Road 54, Ste. 200**

**Lutz, FL 33549-6986**

**4/29/96 (813) 944-6525**

CR2E037 (12/95)