

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 34639P O BOX 279
LAND O'LAKES FL 34639-02793. Date Incorporated or Qualified
09/06/19843a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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 **P** ☐ DELETE
NAME **HAYES, TIMOTHY G.**
STREET ADDRESS **21859 STATE RD. 54, SUITE 200**
CITY-ST-ZIP **LUTZ FL 33549-6986**1.1 TITLE **Tr** ☐ Change ☒ Addition
1.2 NAME **MIGUEL, JOYCE**
1.3 STREET ADDRESS **22352 SOUTH SHORE DR.**
1.4 CITY-ST-ZIP **LAND O'LAKES FL 34639**TITLE **D** ☐ DELETE
NAME **CORTRIGHT, DONNEL**
STREET ADDRESS **1712 OSPREY LANE**
CITY-ST-ZIP **LUTZ FL 33549**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **MILLEN, MICHAEL**
STREET ADDRESS **21851 CARSON DR.**
CITY-ST-ZIP **LAND O'LAKES FL 34639**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **V** ☐ DELETE
NAME **MARTIN, KAREN**
STREET ADDRESS **23545 PINE LAKE ST.**
CITY-ST-ZIP **LAND O'LAKES FL 34639**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **S** ☒ DELETE
NAME **BOLTON, JENNIFER**
STREET ADDRESS **23228 DOVER ST.**
CITY-ST-ZIP **LAND O' LAKES FL 34639**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **CAMUNAS, MICHAEL**
STREET ADDRESS **3215 CANAL PL**
CITY-ST-ZIP **LAND O'LAKES FL 34639**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: *Michael Camunas* **MICHAEL CAMUNAS** 1-26-97 (813) 996-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)