


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 16 1998 8:00am  
Secretary of State

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
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| <b>DOCUMENT #</b> N05004 (9)<br>1. Corporation Name<br><b>CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.</b> |
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| Principal Place of Business<br>P O BOX 279<br>LAND O' LAKES FL 34639 | Mailing Address<br>P O BOX 279<br>LAND O' LAKES FL 34639 |
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|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
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| b. Name and Address of Current Registered Agent<br><b>FOCHT, ROBERT M., ESQ.</b><br><b>4512 LAND O' LAKES BLVD.</b><br><b>N</b><br><b>LAND O' LAKES FL 34639</b> |  |
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| 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. |  |
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| SIGNATURE <i>James E. Elden</i> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|---------------------------------|--|------|

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | P HAYES, TIMOTHY G. <input checked="" type="checkbox"/> DELETE |
| NAME                       | 21859 STATE RD. 54, SUITE 200                                  |
| STREET ADDRESS             | LUTZ FL 33549-6986   |
| CITY-ST-ZIP                |  |
| TITLE                      | D CORTRIGHT, DONNEL <input checked="" type="checkbox"/> DELETE |
| NAME                       | 1712 OSPREY LANE   |
| STREET ADDRESS             | LUTZ FL 33549  |
| CITY-ST-ZIP                |  |
| TITLE                      | D MILLEN, MICHAEL <input type="checkbox"/> DELETE              |
| NAME                       | 21651 CARSON DR.   |
| STREET ADDRESS             | LAND O' LAKES FL 34639   |
| CITY-ST-ZIP                |  |
| TITLE                      | V MARTIN, KAREN <input checked="" type="checkbox"/> DELETE     |
| NAME                       | 23545 PINE LAKE ST.  |
| STREET ADDRESS             | LAND O' LAKES FL 34639   |
| CITY-ST-ZIP                |  |
| TITLE                      | TR MIGUEL, JOYNCE <input checked="" type="checkbox"/> DELETE   |
| NAME                       | 22352 SHORE DR   |
| STREET ADDRESS             | LAND O' LAKES FL   |
| CITY-ST-ZIP                |  |
| TITLE                      | M CAMUNAS, MICHAEL <input checked="" type="checkbox"/> DELETE  |
| NAME                       | 3215 CANAL PL  |
| STREET ADDRESS             | LAND O' LAKES FL 34639   |
| CITY-ST-ZIP                |  |

|   |                               |
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| 3. Date Incorporated or Qualified<br>09/06/1984 |                               |
| 4. FEI Number<br>59-2439154                     | Applied For<br>Not Applicable |

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees   |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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| 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 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | P Bruce Martin <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| 1.2 NAME  | 23545 PINE LAKE ST  |
| 1.3 STREET ADDRESS                                    | Land O' Lakes FL 34639  |
| 1.4 CITY-ST-ZIP                                       |   |
| 2.1 TITLE   | D LINDA C. Smith <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| 2.2 NAME  | 3110 Lake Padgett Drive   |
| 2.3 STREET ADDRESS                                    | Land O' Lakes, FL 34639   |
| 2.4 CITY-ST-ZIP                                       |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | V Hickman, Bob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| 4.2 NAME  | 22745 Southshore DE   |
| 4.3 STREET ADDRESS                                    | Land O' LAKES, FL 34639   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | TR FELDER, JANIE E. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME  | 27217 Breakers Drive  |
| 5.3 STREET ADDRESS                                    | Wesley Chapel, FL 33543-6612  |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.2 NAME  | 400002591414  |
| 6.3 STREET ADDRESS                                    | -07/17/98--01008--037   |
| 6.4 CITY-ST-ZIP                                       | ***75.00  |

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| 14. I 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. |
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| SIGNATURE: <i>James E. Elden</i> (813) 223-1203 |
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CP2E037 (10/97)