

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05004

FILED
Mar 30, 2004
Secretary of State

Entity Name: CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 279
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

P O BOX 279
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 59-2439154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYES, TIMOTHY G
21859 STATE RD 54, SUITE 200
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HIGGINS, JENNIFER
Address: 1515 PRIMWOOD LANE
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: WEAVER, CHARLENE
Address: 5413 SWALLOW DRIVE
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: PROUGH, JANA
Address: 1134 DOCKSIDE DR.
City-St-Zip: LUTZ, FL 33559

Title: VP (X) Delete
Name: GOBLE, TRISH
Address: 1134 DOCKSIDE DR.
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: FONTANES, ART L
Address: 1129 FOX CHAPEL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: VAUGHN, MICHELE A
Address: 1526 TWIN PALMS LOOP
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCHNIEDER, MARK
Address: 25032 ACORN DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE A. VAUGHN

T

03/30/2004

Electronic Signature of Signing Officer or Director

Date