

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05004

FILED  
Jan 18, 2006  
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: VP ( ) Delete  
Name: SCHNIEDER, MARK  
Address: 25032 ACORN DRIVE  
City-St-Zip: LAND O'LAKES, FL 34639

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

Title: T ( ) Delete  
Name: FRAHM, CATHY  
Address: 3914 ROSWELL PL  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 Chapter 119, 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: CATHY FRAHM, TREASURER

T

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date