

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05004

FILED
Mar 07, 2007
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:

3042 COLLIER PKWY
LAND O'LAKES, FL 34639

Current Mailing Address:

P O BOX 279
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3138371

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:

ALLISON, DEBI
24818 BLAZING TRAIL WAY
LAND O LAKES, FL 34639 US

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: DEBI ALLISON

03/07/2007

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: P (X) Change () Addition
Name: ALLISON, DEBI
Address: 24818 BLAZING TRAIL WAY
City-St-Zip: LAND O LAKES, FL 34639

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

Title: VP (X) Change () Addition
Name: HRENKO, JOHN
Address: 1521 WATERWOOD DRIVE
City-St-Zip: LUTZ, FL 33559

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

Title: T (X) Change () Addition
Name: MASEDA, NATALIE
Address: 21906 SHAMU DRIVE
City-St-Zip: LAND O LAKES, FL 34639

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: DEBI ALLISON

P

03/07/2007

Electronic Signature of Signing Officer or Director

Date