2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05004

FILED May 21, 2009 Secretary of State

Entity Name: CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3042 COLLIER PKWY 3032 COLLIER PKWY

LAND O'LAKES, FL 34639 LAND O' LAKES, FL 34639 US

Current Mailing Address: New Mailing Address:

P O BOX 279 P.O. BOX 279

LAND O'LAKES, FL 34639 LAND O' LAKES, FL 34639 US

FEI Number: 59-3138371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOIRAN, BARBARA KAILIMAI, CRAIG 3042 COLLIER PKWY 3032 COLLIER PKWY

LAND O LAKES, FL 34639 US 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: CRAIG KAILIMAI 05/21/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GOIRAN, BARBARA KAILIMAI, CRAIG Name: Name: 3042 COLLIER PKWY Address: 3032 COLLIER PKWY Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O' LAKES, FL 34639 US

Title: () Delete Title: (X) Change () Addition

WILLIAMS, KIM Name: PETROVICH, ALEXANDER Name: Address: 13815 CHERRY CREEK DR Address: 13702 DOWLING LANE City-St-Zip: TAMPA, FL 33618 City-St-Zip: ODESSA, FL 33556 US

Title: VΡ () Delete Title: (X) Change () Addition

LEIST, JACKI Name: ANOFF, DEBRA Name: 3135 EVANSDALE CT 8716 WINSOME WAY Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O' LAKES, FL 34637 US

(X) Change () Addition Title: () Delete Title:

FONTANES, ART L Name: Name: WEINSTOCK, KIM 1129 FOX CHAPEL DRIVE Address: Address: 4207 WHITTNER DRIVE

City-St-Zip: LUTZ, FL 33549 City-St-Zip: LAND O' LAKES, FL 34639 US

Title: (X) Delete Title: () Change () Addition PROUGH, JANA Name: Name: Address:

1622 CRAZY HORSE DR Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLENE F. WEAVER **CFA** 05/21/2009

Electronic Signature of Signing Officer or Director

Date