2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# N05004

Entity Name: CENTRAL PASCO UNITED SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

3032 COLLIER PKWY
LAND O' LAKES, FL 34639 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 279
LAND O' LAKES, FL 34639 US

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:

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

Title: VP ( ) Delete
Name: PETROVICH, ALEXANDER
Address: 13702 DOWLING LANE
City-St-Zip: ODESSA, FL 33556 US

Title: S ( ) Delete
Name: ANOFF, DEBRA
Address: 8716 WINSOME WAY
City-St-Zip: LAND O' LAKES, FL 34637 US

Title: T (X) Delete
Name: WEINSTOCK, KIM
Address: 4207 WHITTNER DRIVE
City-St-Zip: LAND O' LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LEIST, JACQUELINE
Address: 3135 EVANSDALE CT
City-St-Zip: LAND O' LAKES, FL 34639 US

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 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 08/27/2009

Electronic Signature of Signing Officer or Director — Date