

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 018 ****61.25



DOCUMENT # N15741
1. Entity Name
PASCO DIXIE YOUTH LEAGUE, INC.

Principal Place of Business: **22627 RAILROAD AVE
SAN ANTONIO FL 33576
US**

Mailing Address: **P.O. BOX 205
SAN ANTONIO FL 33576
US**

2. Principal Place of Business: Suite, Apt. #, etc.
Suite, Apt. #, etc.

3. Mailing Address: **Mike Gude**
Suite, Apt. #, etc.
33101 St. Joe Road

City & State: **Dade City, FL**

Zip: **33525** Country: **Pasco**



MOORE CR2E037 (11/03)

4. FEI Number: **59-2718789** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **SCHRADER, TERRY
12349 CURLEY ROAD
SAN ANTONIO FL 33576**

7. Name and Address of New Registered Agent: Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SCHRADER, TERRY STREET ADDRESS: 31414 PASCO RD CITY-ST-ZIP: SAN ANTONIO FL 33576	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Mike Gude STREET ADDRESS: 33101 St. Joe Road CITY-ST-ZIP: Dade City, FL 33525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: COUDE, MIKE STREET ADDRESS: 33101 ST JOE RD CITY-ST-ZIP: SAN ANTONIO FL 33576	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: Richard Christmas STREET ADDRESS: 12834 Christmas Drive CITY-ST-ZIP: St. Leo, FL 33574	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: COMPTON, ROBERT STREET ADDRESS: 31849 PASCO RD CITY-ST-ZIP: SAN ANTONIO FL 33576	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: COMPTON, ROBERT STREET ADDRESS: 31849 PASCO RD CITY-ST-ZIP: SAN ANTONIO FL 33576	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: GUDE, DAVID STREET ADDRESS: 16143 JESSASMINE RD. CITY-ST-ZIP: DADE CITY FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SCHRADER, TERRY STREET ADDRESS: 31414 PASCO ROAD CITY-ST-ZIP: SAN ANTONIO FL	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **2/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #