

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Barbara B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:40

**DOCUMENT # N20638 (5)**

1. Corporation Name  
**FIRST HERNANDO YOUTH SOCCER CLUB, INC.**

Principal Place of Business Mailing Address  
P.O. BOX 3188 P.O. BOX 3188  
SPRINGHILL FL 34606-0933 SPRINGHILL FL 34606-0933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/14/1987</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2806980</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENWALD, DANNY  
11298 ORANGEWOOD COURT  
SPRINGHILL FL 34609**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>
NAME	<b>GREENWALD, DANNY</b>
STREET ADDRESS	<b>11298 ORANGEWOOD CT</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>
TITLE	<b>VD</b>
NAME	<b>ZARILLO, KENNETH</b>
STREET ADDRESS	<b>585 FLORENTINO RD</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>
TITLE	<b>TD</b>
NAME	<b>STEINER, DONNA</b>
STREET ADDRESS	<b>5105 REYESVILLE</b>
CITY-ST-ZIP	<b>SPRINGHILL FL</b>
TITLE	<b>VD</b>
NAME	<b>COLON, RICK</b>
STREET ADDRESS	<b>12327 FILLMORE STREET</b>
CITY-ST-ZIP	<b>SPRINGHILL FL</b>
TITLE	<b>S</b>
NAME	<b>TRIGGIANO, INEZ</b>
STREET ADDRESS	<b>14707 CORONADO DRIVE</b>
CITY-ST-ZIP	<b>SPRINGHILL FL</b>
TITLE	<b>D</b>
NAME	<b>CARTER, SANDY</b>
STREET ADDRESS	<b>7378 JOMEL DR</b>
CITY-ST-ZIP	<b>SPRING HILL FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danny Greenwald **DANNY GREENWALD** 1/23/95 904-666-1578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #