

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20638 (5)**

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



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

Mailing Address
**P.O. BOX 3188
SPRINGHILL FL 34606-0933**

3. Date Incorporated or Qualified **05/14/1987** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2806980	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

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	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **DANNY GREENWALD** *Danny Greenwood* DATE **6/1/96**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, DANNY	1.2 NAME	ZARRILLO, KENNETH
STREET ADDRESS	11298 ORANGEWOOD CT	1.3 STREET ADDRESS	5085 FLORENTINO RD.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL, FL
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARILLO, KENNETH	2.2 NAME	Joanne Surmin
STREET ADDRESS	585 FLORENTINO RD	2.3 STREET ADDRESS	1441 DONAVAN CT.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill, FL.
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINER, DONNA	3.2 NAME	Debby Harper
STREET ADDRESS	5105 REYESVILLE	3.3 STREET ADDRESS	13009 Saddleway
CITY-ST-ZIP	SPRINGHILL FL	3.4 CITY-ST-ZIP	Brooksville, FL.
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VALARIE SIMMONS S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLON, RICK	4.2 NAME	12145 Deep Creek Dr.
STREET ADDRESS	12327 FILLMORE STREET	4.3 STREET ADDRESS	Spring Hill, FL.
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	Charlene Nibert T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIGGIANO, INEZ	5.2 NAME	17605 MONTEVERDE DR.
STREET ADDRESS	14707 CORONADO DRIVE	5.3 STREET ADDRESS	Hudson, FL.
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, SANDY	6.2 NAME	
STREET ADDRESS	7378 JOMEL DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Danny Greenwood* DATE **6/1/96** DAYTIME PHONE # **352-666-1578**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)