


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20638 (5)
 1. Corporation Name
FIRST HERNANDO YOUTH SOCCER CLUB, INC.

Principal Place of Business P.O. BOX 3188 SPRINGHILL FL 34808-0983	Mailing Address P.O. BOX 3188 SPRINGHILL FL 34611-0983
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/14/1987	3a. Date of Last Report 06/13/1996
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2806980	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GREENWALD, DANNY 11298 ORANGEWOOD COURT SPRINGHILL FL 34809		10. Name and Address of New Registered Agent	
		81. Name Robert Foreman	
		82. Street Address (P.O. Box Number is Not Acceptable) 4201 Tampico Trail	
		83.	
		84. City Spring Hill	85. Zip Code FL 34607

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: *Robert Foreman* **Robert Foreman** 7/6/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENWALD, DANNY	1.2 NAME	Robert Foreman
STREET ADDRESS	11298 ORANGEWOOD CT	1.3 STREET ADDRESS	4201 TAMPICO TRAIL
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill, FL. 34607
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARILLO, KENNETH	2.2 NAME	
STREET ADDRESS	585 FLORENTINO RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARRILLO, KENNETH	3.2 NAME	
STREET ADDRESS	5085 FLORENTINE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, RICK	4.2 NAME	
STREET ADDRESS	12327 FILLMORE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIGGIANO, INEZ	5.2 NAME	
STREET ADDRESS	14707 CORONADO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE SURMIN	6.2 NAME	
STREET ADDRESS	14441 DONAVAN CT.	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)