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FILED
Jan 26, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-26-1999 90056 018 *****61.25

DOCUMENT # N20638

1. Corporation Name

FIRST HERNANDO YOUTH SOCCER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3188
 SPRINGHILL FL 34606-0933

P.O. BOX 3188
 SPRINGHILL FL 34606-0933



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

05/14/1987

22 City & State

27 City & State

4. FEI Number
59-2806980

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOREMAN, ROBERT
 4201 TAMPICO TRAIL
 SPRING HILL FL 34607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

1.1 TITLE Change Addition

NAME FOREMAN, ROBERT
 STREET ADDRESS 4201 TAMPICO TRAIL
 CITY-ST-ZIP SPRING HILL FL

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD DELETE

2.1 TITLE Change Addition

NAME WARD, TIM
 STREET ADDRESS 1344 GATEWOOD AVE
 CITY-ST-ZIP SPRING HILL FL 34608

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE VD DELETE

3.1 TITLE Change Addition

NAME COLON, RICK
 STREET ADDRESS 12327 FILLMORE STREET
 CITY-ST-ZIP SPRINGHILL FL

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE T DELETE

4.1 TITLE Change Addition

NAME CAPOZZA, ROBERT
 STREET ADDRESS 2427 COVINGTON AVE
 CITY-ST-ZIP SPRING HILL FL 34608

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE S DELETE

5.1 TITLE Change Addition

NAME BAUMAN, MIKE
 STREET ADDRESS 8243 DELAWARE DR
 CITY-ST-ZIP SPRINGHILL FL 34607

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-12-99

352-688-4633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)