


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90036 004 \*\*\*\*61.25

<b>DOCUMENT # N20638</b>					
1. Entity Name FIRST HERNANDO YOUTH SOCCER CLUB, INC.					
Principal Place of Business 1360 ANDERSON SNOW ROAD SPRINGHILL, FL 34609			Mailing Address P.O. BOX 3188 SPRINGHILL, FL 34611		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANGELIADIS, GEORGE 11483 BUCKINGHAM WAY SPRING HILL, FL 34609				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANGELIADIS, GEORGE		NAME		
STREET ADDRESS	11483 BUCKINGHAM WAY		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, TOM		NAME	Andrew Robert	
STREET ADDRESS	PO BOX 10404		STREET ADDRESS	481 Waterloo Ct.	
CITY-ST-ZIP	BROOKSVILLE, FL 34603		CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, TRACY		NAME	Oliveira, Dawn	
STREET ADDRESS	P.O. BOX 3188		STREET ADDRESS	11055 Thornberry Dr.	
CITY-ST-ZIP	SPRINGHILL, FL 34611		CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELOCK, NANCY		NAME		
STREET ADDRESS	PO BOX 1354		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34605		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINNOCENTIIS, DAWN		NAME		
STREET ADDRESS	375 NESSLER WAY		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Dawn K. Oliveira</u> <u>Dawn K. Oliveira</u> <u>3-21-08</u> <u>352-666-9269</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

