

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90045 033 ****61.25

DOCUMENT # N23418

1. Corporation Name

ZEPHYRHILLS YOUTH SOCCER LEAGUE, INC.

Principal Place of Business

P O BOX 79
39835 CHANCEY RD.
ZEPHYRHILLS FL 33539-0079
US

Mailing Address

P. O. BOX 79
ZEPHYRHILLS FL 33539-0079
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/12/1987

4. FEI Number

59-3253636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

RUCHTI, BETH
38513 LAUREL OAK LANE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

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

Beth D. Ruchti

4-12-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBIN, CHRISTIAN
STREET ADDRESS 7039 MAROON ST
CITY-ST-ZIP ZEPHYRHILLS FL 33541
☒ DELETE

TITLE VPD
NAME SIMMONS, SONNY
STREET ADDRESS 5121 EPPING LN
CITY-ST-ZIP ZEPHYRHILLS FL
☒ DELETE

TITLE SD
NAME CROSIER, WENDY
STREET ADDRESS 39208 6TH AVE
CITY-ST-ZIP ZEPHYRHILLS FL 33541
☐ DELETE

TITLE TD
NAME SIMMONS, SHELLEY
STREET ADDRESS 5121 EPPING LN.
CITY-ST-ZIP ZEPHYRHILLS FL 33541
☒ DELETE

TITLE R
NAME RUCHTI, BETH
STREET ADDRESS 38513 LAUREL OAK LN
CITY-ST-ZIP DADE CITY FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Simmons, Sonny
1.3 STREET ADDRESS 3121 EPPING Lane
1.4 CITY-ST-ZIP Zephyrhills FL 33541
☒ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME Robin, Christian
2.3 STREET ADDRESS 7039 Maroon Street
2.4 CITY-ST-ZIP ZEPHYRHILLS FL 33541
☒ Change ☐ Addition

3.1 TITLE CROSIER, Wendy
3.2 NAME
3.3 STREET ADDRESS 39208 6th Avenue
3.4 CITY-ST-ZIP Zephyrhills, FL 33541
☐ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Hinkle, Lorraine
4.3 STREET ADDRESS Beech Street
4.4 CITY-ST-ZIP Zephyrhills FL 33541
☒ Change ☐ Addition

5.1 TITLE R
5.2 NAME RUCHTI, Beth
5.3 STREET ADDRESS 38513 Laurel Oak Lane
5.4 CITY-ST-ZIP Dade City FL 33525
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Beth D. Ruchti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 813 788-3344

CR2E037 (11/98)