

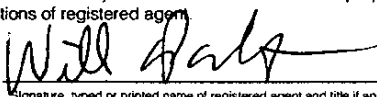
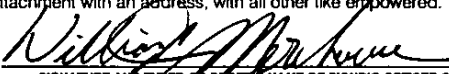


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90028 035 ****70.00

DOCUMENT # N23418 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02122006 Chg-NP CR2E037 (11/05)	
Zip Country		Zip Country		4. FEI Number 59-3253636	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, LANCE 6426 HUNTINGTON DRIVE ZEPHYRHILLS, FL 33541			7. Name and Address of New Registered Agent Name Pauline, William Street Address (P.O. Box Number is Not Acceptable) 6812 Stephens Path City Zephyrhills FL Zip Code 33542		
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 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	R/T SMITH, LANCE 6426 HUNTINGTON DRIVE ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Mowrey, Ken 208 Oakwood Dr Brookville, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOWERY, KEN 38603 8TH AVE ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) Nick Latvys, Nick 5143 New Brittany Ln Zephyrhills, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULINE, WILLIAM 6812 STEPHENS PATH ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chuck Owens, Chuck 6748 North Lake Dr. Zephyrhills, FL 33542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/R FISHER, JANET 4623 5TH STREET ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wing, John 37832 Southview Ave Dade City, FL 33525	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREHOSE, WILLIAM A. 39117 6TH AVE. ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, TALMADGE 38936 ALSTON AVE. ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  William A. Morehouse 4/27/06 813-901-3156 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					