
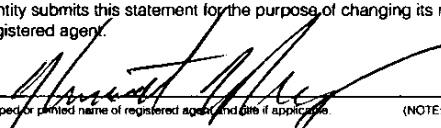
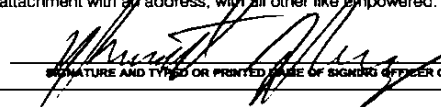


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 17 PM 4:12

DOCUMENT # N23418 1. Entity Name ZEPHYRHILLS YOUTH SOCCER LEAGUE, INC.					
Principal Place of Business 39835 CHANCEY RD. ZEPHYRHILLS, FL 33539-0079 US				Mailing Address P. O. BOX 79 ZEPHYRHILLS, FL 33539-0079 US	
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	4. FEI Number 59-3253636	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILLIAM, PAULINE 6812 STEPHENS PATH ZEPHYRHILLS, FL 33542				7. Name and Address of New Registered Agent Name Kenneth Mowrey Street Address (P.O. Box Number is Not Acceptable) 5612 Beech Street 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  <small>Signature, typed or printed name of registered agent and fee if applicable</small>				9/12/2007 <small>DATE</small>	
Filing Fee is \$61.25 Due by September 14, 2007		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 MOWREY, KEN 208 OAKWOOD DR BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kenneth Mowrey 5612 Beech Street Zephyrhills, Fl 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOWERY, KEN 38603 8TH AVE ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Pauline 4623 5th Street Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULINE, WILLIAM 6812 STEPHENS PATH ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Janet Fisher 4623 5th Street Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, JANET 4623 5TH STREET ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William A Morehouse 39117 6th Street Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREHOSE, WILLIAM A. 39117 6TH AVE. ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. 9/18/07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, TALMADGE 38936 ALSTON AVE. ZEPHYRHILLS, FL 33542	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109723041 09/20/07--01068--010 **70.00
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9/12/2007 <small>Date</small>	
				813-323-4586 <small>Daytime Phone #</small>	