

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90132 030 ****70.00

DOCUMENT # N23418

1. Entity Name
ZEPHYRHILLS YOUTH SOCCER LEAGUE, INC.



Principal Place of Business
**39835 CHANCEY RD.
ZEPHYRHILLS, FL 33539 US**

Mailing Address
**P. O. BOX 79
ZEPHYRHILLS, FL 33539-0079 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3253636

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOWREY, KENNETH
5612 BEECH STREET
ZEPHYRHILLS, FL 33542**

7. Name and Address of New Registered Agent
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

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

(NOTE: Registered Agent signature required when reinstating)

KENNETH MOWREY

4/22/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MOWREY, KENNETH	
STREET ADDRESS	5612 BEECH STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAULINE, WILLIAM	
STREET ADDRESS	4623 5TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOREHOUSE, WILLIAM A	
STREET ADDRESS	39117 6TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JANET	
STREET ADDRESS	4623 5TH STREET	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEESE, LISA	
STREET ADDRESS	39835 CHANCEY RD.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRITCHARD, RUSTIE	
STREET ADDRESS	5148 NEW BRITTANY LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, STEVE	
STREET ADDRESS	5216 NEW BRITTANY LANE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE BRADY

4/22/08

Date

Daytime Phone #

(813) 625-0082