

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49418 (9)**

1. Corporation Name

**OSCEOLA YOUTH SOCCER CLUB, INC.**



Principal Place of Business

P.O. BOX 421361  
KISSIMMEE FL 34741-1361

Mailing Address

P.O. BOX 421361  
KISSIMMEE FL 34741-1361

3. Date Incorporated or Qualified  
**06/17/1992**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3131060**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BELL, THOMAS E.  
4101 TWILIGHT TRAIL  
KISSIMMEE FL 34746**

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

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 **P** ☒ DELETE  
NAME **LEGENDRE, RONALD**  
STREET ADDRESS **2889 LAKE TOHOPEKALKA BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☐ DELETE  
NAME **BELL, THOMAS**  
STREET ADDRESS **4101 TWILIGHT TRAIL**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **T** ☒ DELETE  
NAME **MOHEN, EUGENE**  
STREET ADDRESS **3521 SOUTHWOOD BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **D** ☒ DELETE  
NAME **BAY, BOB**  
STREET ADDRESS **150 GRANDVIEW BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **D** ☒ DELETE  
NAME **BRINK, BRAIN**  
STREET ADDRESS **4145 BERGAMONT CT.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **D** ☒ DELETE  
NAME **BALDRIDGE, LEE**  
STREET ADDRESS **711 SOUTH CLYDE AVE.**  
CITY-ST-ZIP **KISSIMMEE FL 34741**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☒ Addition  
1.2 NAME **Yawn, Jim**  
1.3 STREET ADDRESS **3179 Rosemarie DR**  
1.4 CITY-ST-ZIP **KISSIMMEE, FL 34769**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **STANSBURY, JUDITH** ☒ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS **5367 CROOKED OAK CIRCLE**  
3.4 CITY-ST-ZIP **ST. CLOUD, FL 34771**

4.1 TITLE **D** ☒ Change ☒ Addition  
4.2 NAME **Debbie Walker**  
4.3 STREET ADDRESS **3147 MORNING LIGHT WAY**  
4.4 CITY-ST-ZIP **KISSIMMEE, FL**

5.1 TITLE **D** ☒ Change ☒ Addition  
5.2 NAME **Debbie Garcia**  
5.3 STREET ADDRESS **1612 ELMSTEAD CT.**  
5.4 CITY-ST-ZIP **ORLANDO, FL**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Tom Bossell**  
6.3 STREET ADDRESS **2550 POMPANO RD**  
6.4 CITY-ST-ZIP **KISSIMMEE, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Judith A. Stansbury*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 (407) 892-2049  
Date Daytime Phone #

CR2E037 (12/95)