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Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N49418

1. Corporation Name

OSCEOLA YOUTH SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
P.O. Box 421361 Kissimmee, FL 34741-1361	P.O. Box 421361 Kissimmee, FL 34741-1361

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 6/17/1992
3a. Date of Last Report: 5/15/96
4. FEI Number: 59-3131060 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: YAWN, JIM
82 Street Address (P.O. Box Number is Not Acceptable): 3179 Rosemarie Drive
83 Kissimmee
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: JIM YAWN, PRESIDENT 8-4-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT YAWN, JIM 3179 Rosemarie Dr. Kissimmee, FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002269132 -08/18/97--01006--005 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT BELL, Thomas 4101 Twilight Trail Kissimmee, FL 34746 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President (D) Smith, Andy 1521 Maryland Avenue St. Cloud, FL 34769 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Stansbury, Judith 5367 Crooked Oak Circle St. Cloud, FL ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treasurer (T) Baldridge, Lee 711 S Clyde Kissimmee, FL. ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Walker, Debbie 3147 Morning Light Way Kissimmee, FL ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary (D) Harvey, Laura J. 2216 Catherine St. Kissimmee FL 34741 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Garcia, Debbie 1612 Elmstead Ct. Orlando, FL ☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Equipment Manager Guzman, Patricio 2418 Abby Dr. Kissimmee FL 34746 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bossell, Tom 2550 Pompano Rd. Kissimmee, FL ☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Registrar (D) O'Conner, Ken 2932 Oaktree Dr. Kissimmee, FL 34744 ☒ Change ☐ Addition

CR2E037 (9/96)

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14. I do 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.

SIGNATURE: J.F. YAWN, III PRESIDENT 8-4-97 (407)425-2684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #