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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49418** (9)

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YAWN, JIM
3179 ROSEMARIE DRIVE
KISSIMMEE FL 34746

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	YAWN, JIM	
STREET ADDRESS	3179 ROSEMARIE DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, ANDY	
STREET ADDRESS	1521 MARYLAND AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34709	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BALDRIDGE, LEE	
STREET ADDRESS	711 S CLYDE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, LAURA J	
STREET ADDRESS	2216 CATHERINE ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	EM	<input type="checkbox"/> DELETE
NAME	GUZMAN, PATRICIO	
STREET ADDRESS	2418 ABBY DR.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	RD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, KEN	
STREET ADDRESS	2932 OAKTREE DR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MONIKA AIVARADO	
1.3 STREET ADDRESS	2502 Quail RUN Blvd	
1.4 CITY-ST-ZIP	KISSIMMEE FL 34744	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOANNE KANI-MILLER	
2.3 STREET ADDRESS	4690 SOUTHWIND BLVD	
2.4 CITY-ST-ZIP	KISSIMMEE FL 34746	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *M. Aivarado* **MONIKA AIVARADO** 02/05/98 407-931-3867

CR2E037 (10/97)