

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90006 050 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N49418**

1. Corporation Name

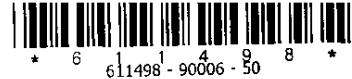
**OSCEOLA YOUTH SOCCER CLUB, INC.**

Principal Place of Business

P.O. BOX 421361  
KISSIMMEE FL 34741-1361

Mailing Address

P.O. BOX 421361  
KISSIMMEE FL 34741-1361



2. Principal Place of Business

21 **Kissimmee**

2a. Mailing Address

26 **PO Box 421361**

3. Date Incorporated or Qualified

**06/17/1992**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3131060**

Applied For

Not Applicable

City & State

City & State

28 **Kissimmee FL**

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

Zip

Country

24 **Osceola**

Zip

Country

29 **34741-1361** 30 **Osceola**

6. Election Campaign Financing

☐

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

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 **Kenneth E O'Connor**

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

**2932 OAKTREE DR**

83

84

City

**Kissimmee**

**FL**

85

Zip Code

**34744**

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 **Kenneth E O'Connor, President**

**8-27-99**

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 **T** ☒ DELETE  
NAME **MONIKA AIVARADO**  
STREET ADDRESS **2502 QUAIL RUN BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

1.1 TITLE **Treasurer** ☒ Change ☐ Addition  
1.2 NAME **IDA HARRISON**  
1.3 STREET ADDRESS **2434 N. JOHN YOUNG PARKWAY #5**  
1.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **SD** ☐ DELETE  
NAME **JOANNE KANI-MILLER**  
STREET ADDRESS **4690 SOUTHWIND BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE **EM** ☒ DELETE  
NAME **GUZMAN, PATRICIO**  
STREET ADDRESS **2418 ABBY DR.**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

3.1 TITLE **EQUIPMENT MGR** ☒ Change ☐ Addition  
3.2 NAME **HAMARK HORAN**  
3.3 STREET ADDRESS **1813 W. VIRGINIA DR**  
3.4 CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE **RD** ☒ DELETE  
NAME **O'CONNOR, KEN**  
STREET ADDRESS **2932 OAKTREE DR.**  
CITY-ST-ZIP **KISSIMMEE FL 34744**

4.1 TITLE **REGISTRAR** ☒ Change ☐ Addition  
4.2 NAME **MANUEL RINCON**  
4.3 STREET ADDRESS **2416 PARSON POND**  
4.4 CITY-ST-ZIP **Kissimmee, FL 34743**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Kenneth E O'Connor**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-27-99**

Date

Daytime Phone #

**407-438-7200 X127**

CR2E037 (5/99)