


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90012 029 ****61.25

DOCUMENT # N49784

1. Entity Name
 SOUTH FLORIDA UNITED YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business
 13211 SW 32 CT
 DAVIE, FL 33330 US

Mailing Address
 MR. GENE A. ROGERS
 13211 SW 32ND CT.
 DAVIE, FL 33330

44047772



2. Principal Place of Business
 8513 Old Country Manor
 Suite, Apt. #, etc.
 #409

3. Mailing Address
 8513 OLD COUNTRY MANOR
 Suite, Apt. #, etc.
 #409

07072004 Chg-NP CR2E037 (10/03)

City & State
 DAVIE FL

City & State
 DAVIE FL

Zip
 33328

Country
 USA

Zip
 33328

Country
 USA

4. FEI Number
 65-0343781

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROGERS, GENE A
 13211 SW 32 CT.
 DAVIE, FL 33330

7. Name and Address of New Registered Agent
 Name
 CYNTHIA GROSS
 Street Address (P.O. Box Number is Not Acceptable)
 8513 OLD COUNTRY MANOR #409
 City
 DAVIE FL Zip Code
 33328

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 Cynthia Gross CYNTHIA GROSS, TREASURER 7/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, GENE A 13211 SW 22 CT DAVIE, FL 33071 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, DELROY 5124 NW 66 LANE CORAL SPRINGS, FL 33067 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KURZNER, JEFFREY 545 SAN ESTABAN AVENUE MIAMI, FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D REYES, JACE 974 NW 155 TERRACE PEMBROKE PINES, FL 33028 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRY WITLIN 1200 S. PINE ISLAND RD., Ste. 230 PLANTATION, FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ALAN DAGAN 62 Indian Trace #182 WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MICHELLE ZAMUDIO 11521 TAFT ST. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D RON CLARK 6790 NW 186 th Street, #223 MIAMI LAKES, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CYNTHIA GROSS 8513 OLD COUNTRY MANOR #409 DAVIE, FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: Cynthia Gross CYNTHIA GROSS - 7/8/04 954-600-9245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #