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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002536 (1)**

1. Corporation Name

PEACE RIVER YOUTH SOCCER ASSOCIATION, INC.



Principal Place of Business 895 OAKWOOD LOOP. SOUTH BARTOW FL 33830	Mailing Address 895 OAKWOOD LOOP. SOUTH BARTOW FL 33830-7042
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3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 10/25/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 POSTOFFICE BOX 282
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BARTOW FL
Zip 24	Country 25
29 33831-0082	30 USA

4. FEI Number 59-3228400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MAGNETICO, SAL 895 OAKWOOD LOOP, SOUTH BARTOW FL 33830	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 *Sal Magnetico* DATE **1/15/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FAHNESTOCK, TINE'
STREET ADDRESS	54 SHADY CIRCLE
CITY-ST-ZIP	BARTOW FL 33830
TITLE	VD <input type="checkbox"/> DELETE
NAME	BALDWIN, LARRY
STREET ADDRESS	3087 HEATHER GLYNN
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	SD <input type="checkbox"/> DELETE
NAME	HARBOE, LISA
STREET ADDRESS	1120 1ST AVE S
CITY-ST-ZIP	BARTOW FL 33830
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BURKE, CRAIG
STREET ADDRESS	3520 EAST GASKIN RD #15
CITY-ST-ZIP	BARTOW FL 33830
TITLE	TD <input type="checkbox"/> DELETE
NAME	BUTLER, VALERIE
STREET ADDRESS	P.O. BOX 186 N/A
CITY-ST-ZIP	BARTOW FL 33831
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Butler, Joel, D.
1.3 STREET ADDRESS	PO Box 186, 1365 Swearingen Avenue
1.4 CITY-ST-ZIP	BARTOW FL 33831-0186
2.1 TITLE	DeNeve, Michael I, S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2065 E Cherokee
2.3 STREET ADDRESS	BARTOW, FL 33830
2.4 CITY-ST-ZIP	BARTOW, FL 33830
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Crum, Gregory, R.
3.3 STREET ADDRESS	4916 Ironwood Tr
3.4 CITY-ST-ZIP	BARTOW, FL 33830
4.1 TITLE	<input checked="" 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 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.

CR2E037 (9/96)