FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90118 044 ****70.00

0073442

DOCUMENT # N93000005737

1. Corporation Name

KISSIMMEE VALLEY ALL COUNTY YOUTH SOCCER, INC.

Principal Place of Business	Mailing Address
307 LAPAZ DR. KISSIMMEE FL 34743	P.O. BOX 450912 KISSIMMEE FL 34745-0912

2. Principal Place of Business 21 2208 Jessica Ln.	2a. Mailing Address 26 PO Box 451452	3. Date Incorporated or Qualified 12/17/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3218332 ☐ Applied For ☐ Not Applicable
City & State 23 Kissimmee FL	City & State 28 Kissimmee FL	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 34744 Country 25 USA	Zip 29 34745-1452 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COLLIER, DONALD W.
1650 PALMETTO DRIVE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name Cindy Forbes
82 Street Address (P.O. Box Number is Not Acceptable) 2208 Jessica Ln.
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 Cindy Forbes Cindy Forbes 2/28/99
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	SD	☐ DELETE	11 TITLE	P/D ☑ Change ☐ Addition
NAME	FORBES, CINDY		12 NAME	Cindy Forbes
STREET ADDRESS	3521 JESSICA LN		13 STREET ADDRESS	2208 Jessica Ln.
CITY-ST-ZIP	KISSIMMEE FL 34744		14 CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	DP	☐ DELETE	21 TITLE	V/D ☑ Change ☐ Addition
NAME	COLLIER, DON		22 NAME	Vince Piccoli
STREET ADDRESS	1650 PALMETTO DR		23 STREET ADDRESS	2327 Mid-Towne Terrace
CITY-ST-ZIP	KISSIMEE FL		24 CITY-ST-ZIP	Orlando, FL 32839
TITLE	VD	☐ DELETE	31 TITLE	T/D ☑ Change ☐ Addition
NAME	RODRIGUEZ, JOE		32 NAME	Florence Starling
STREET ADDRESS	1744 CHERYL LN		33 STREET ADDRESS	4854 Oriole Drive
CITY-ST-ZIP	KISSIMMEE FL 34744		34 CITY-ST-ZIP	St. Cloud, FL 34772
TITLE	TD	☐ DELETE	41 TITLE	S/D ☑ Change ☐ Addition
NAME	WHITMAN, ELLEN		42 NAME	David Murray
STREET ADDRESS	1472 COMPASS CT		43 STREET ADDRESS	1139 Eden Drive
CITY-ST-ZIP	KISSIMMEE FL 34744		44 CITY-ST-ZIP	St. Cloud, FL 34771
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E037 (11/98)

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: Cindy Forbes Cindy Forbes 2/28/99 407-933-5278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #