FILE NOW: FILING FEE AFTER MAY 1.IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # N93000005738 (0)

1. Corporation Name
KISSIMMEE VALLEY YOUTH SOCCER LEAGUE, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3218333 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FRENCH, DENNIS C
307 LAPAZ DR.
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	FRENCH, DENNIS C	12 NAME		
STREET ADDRESS	307 LAPAZ DR.	13 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34743	14 CITY-ST-ZIP		
TITLE	~~VP~~	21 TITLE		☒ Change ☐ Addition
NAME	~~COTE, RICK~~	22 NAME	Resigned	
STREET ADDRESS	~~4776 NARANJA WAY~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~KISSIMMEE FL~~	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	S-D	☒ Change ☐ Addition
NAME	BURNHAM, MICHELE	32 NAME		
STREET ADDRESS	189 LAPAZ DR.	33 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	HART, STEVE	42 NAME		
STREET ADDRESS	3521 WOODBERRY CT	43 STREET ADDRESS	RESUBMITTED BY MAY 1	
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	VP-D	☒ Change ☒ Addition
NAME		52 NAME	Collier, Don	
STREET ADDRESS		53 STREET ADDRESS	1650 Palmetto Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stephen B. Hart STEPHEN B. HART 2-23-95 407-846-2341 (W)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000075