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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N93000005738 (0)

KISSIMMEE VALLEY YOUTH SOCCER LEAGUE, INC.

Mailing Address

FILED
Jun 23 1997 8:00am
Secretary of State



307 LAPAZ DR. KISSIMMEE FL 34743		P.O. BOX 450912 KISSIMMEE FL 34745-0912		3. Date Incorporated or Qualified 12/17/1993	3a. Date of Last Roport 07/30/1996
2. Principal P	Piace of Business	2a. Mailing Address		4. FEI Number	Applied For
—	PALMETTO DY	26		59-3218333	Not Applicable
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate di Status Desfied	Fee Required
City & State 23 KISSIMMES FL		City & State		6. Election Campaign Financing	\$5.00 May Be
23 K 155 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24 347		29	30	This corporation has liability for li Florida Statutes	ntangible tax under s. 199.032, Yes \[\] No
	9. Name and Address of Current		100	10. Name and Address of New Reg	
			81 Name		
COLLIER, DONALD W. 82			82 Street	Address (P.O. Box Number is Not Acceptab	(a)
1650 PALMETTO DRIVE				Todaes (1.6. Box Hamber to Hot (1669) as	
	MEE FL 34743		83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Soctions 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.					
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, F	lorida Statutes.	•	,,
SIGNATURE	Signature, typed or printed name of registered agent	and title it envisable (NC	TE: Registered Agent signature	required when rejectation	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETÉ	1.1 TITLE	BECRETARY	Change Addition
NAME	COLLIER, DONADL W.		1.2 NAME	PORBES, CINDY	•
STREET ADDRESS	1650 PALMETTO DRIVE		1.3 STREET ADDRESS	3521 JESSICA W	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP	KISSIMMEE, PL 34	744
TITLE	VPD	☐ DELET É	21 TITLE		☐ Change ☐ Addition
NAME	HART, DONNA		2.2 NAME		
STREET ADDRESS	3521 WOODBERRY COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY - ST - ZIP		
TITLE	-80	☐ DELETE	3.1 TITLE	CIUDY TRACES	Change Addition
NAME	PRAVATO, CATHY		3.2 NAME		
STREET ADDRESS	-1990 CAROLYN COURT		3.3 STREET ADORESS	.9	;
CITY-ST-ZIP	-ST: OLOUD FL-	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	TD	[] DETELE	4.1 TITLE		Change Addition
NAME ETREET ADORDOS	HART, STEVE		4. 2 NAME		
STREET ADDRESS	3521 WOODBERRY CT		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	KISSIMMEE FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		Peccit	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		V(\1)\2\1\
CITY-ST-ZIP	,		5.4 CITY-ST-ZIP		0 p/ 1
TITLE		DELETE	6.1 TITLE	<u></u>	Change Addition
NAME			6.2 NAME	70000221	9927
STREET ADDRESS			6.3 STREET ADDRESS	70000221 -06/23/970110	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	###70_00	
	by partify that the information appoind	udels alsia dilina, als an most sura		taked in Continu 440 02/09: Florida Otak tak	I forther a south at all a

Information indicated on this annual report or supplied with this tiling goes 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.

OLONIATURE.

CHARLETTA HALL THE