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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000005738

1. Corporation Name

KISSIMMEE VALLEY YOUTH SOCCER LEAGUE, INC.

Principal Place of Business

1650 PALMETTO DR
KISSIMMEE FL 34744

Mailing Address

P.O. BOX 450912
KISSIMMEE FL 34745-0912

530102 - 90086 - 20



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/17/1993

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

9. Name and Address of Current Registered Agent

COLLIER, DONALD W.
1650 PALMETTO DRIVE
KISSIMMEE FL 34743

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COLLIER, DONALD W.
STREET ADDRESS 1650 PALMETTO DRIVE
CITY-ST-ZIP KISSIMMEE FL

TITLE VPD
NAME RODRIGUEZ, JOE
STREET ADDRESS 1744 CHERYL LANE
CITY-ST-ZIP KISSIMMEE FL 32744

TITLE S
NAME FORBES, CINDY
STREET ADDRESS 3521 JESSICA LANE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE TD
NAME WHITMAN, ELLEN
STREET ADDRESS 1472 COMPASS CT.
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME RIVERA, BASILIO M
1.3 STREET ADDRESS 210 LARKSPUR CT.
1.4 CITY-ST-ZIP KISSIMMEE, FL 34743

2.1 TITLE
2.2 NAME NONE
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TD
4.2 NAME COLLIER, DONALD W.
4.3 STREET ADDRESS 1650 PALMETTO DR
4.4 CITY-ST-ZIP KISSIMMEE, FL 34744

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

D. COLLIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (407) 371-6002
Date Daytime Phone #

0073443

CR2E037 (11/98)