## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N94000001269 (9) DOCUMENT #

LAKE S	SOCCER LEAGUE, INC.				
Principal Place	of Business	Mailing Address		L HOUSERADI DIN TRIII DENI FARRE D	<u> </u>
9820 FORE ROAD LEESBURG FL 34788		911 NORTH BLVD. WEST LEESBURG FL 34748 US			
				<ol> <li>Date Incorporated or Qualifie 03/10/1994</li> </ol>	d 3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-3234259	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Flection Campaign Financing     Trust Fund Contribution	\$5.00 May Be
20	Country	<b>Z</b> ip	Country	8. This corporation has liability f	or intangible tax under s. 199.032,
- T	9. Name and Address of Current	29 30	0	Fiorida Statutes  10. Name and Address of New	Yes No
<del></del>	y, reduce and Address of Current	LIONISTOLON WARIN	81 Name	IU. Hame and Address of New	Hogieseran wägent
LAMI 1 IASI	IC DARENT A				
	is, robert q Alfred Street		82 Street	Address (P.O. Box Number is Not Accep	(lable)
	\$ FL 32778		83		
	• • • • • • • • • • • • • • • • • • • •		84 City		FL 85 Zip Code
· ·		1047 4500 5			<u>-</u>
agent. La SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	tions of, Section 617.0503, Florid	da Statutes.	corporation submits this statement for the poration's board of directors. I hereby ac required when reinstating)	cept the appointment as registered
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD	Change Addition
NAME	MAURIELL, RONALD B	• •	1.2 NAME	TAVNE M. BENCHER	• •
STREET ADDRESS	9820 FORE ROAD		1.3 STREET ADDRESS	900 N CITRUS AVE	21127
CITY-ST-ZIP	LEESBURG FL 34788		1.4 CITY - ST - ZIP	HOWEY-IN-THE- HILLS, FZ	34737
TITLE	D	DELETE	2.1 TITLE	,	Change [_] Addition
NAME	ROBERTS, JOHN S		2.2 NAME		
STREET ADDRESS	207 S 7 ST		23 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	BOYD, JAY	_ otten	3.2 NAME		change radition
STREET ADDRESS	9407 N SILVER LAKE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		3.4. CITY-ST-ZIP		
TITLE	VD	DELETE	4.1 TITLE		Change Addition
NAME	GILSON, LEE ANN		4.2 NAME		
STREET ADDRESS	1507 SOUTH COURT		4.3 STREET ADDRESS	i i	
CITY-ST-ZIP	EUSTIS FL 32726		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	1	Change Addition
NAME	ROSS, W. CHET		5.2 NAME		
STREET ADDRESS	1102 CYPRESS STREET		5.3 STREET ADDRESS		l
CITY-ST-ZIP	LEESBURG FL 34748		54 CITY-ST-ZIP		<b>1</b>
TITLE	SD	DELETE	6.1 TITLE	}	Change Addition
NAME	MEADE, CHRISTINE E.		6.2 NAME		
STREET ADDRESS	9223 SILVER LAKE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		6.4 CITY - ST - ZIP	<u> </u>	

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 is required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

376-2161

**FILED** 

May 14 1997 8:00am

Secretary of State