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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 15 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003629 (2)**

1. Corporation Name

CYPRESS CREEK YOUTH SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
263 GARDENIA ROAD KISSIMMEE FL 34743	263 GARDENIA ROAD KISSIMMEE FL 34743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:
4. FEI Number: 59 - 3289267 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21 ORLANDO New Hampshire	26 263 GARDENIA Rd		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23 ORLANDO FL	City & State 28 Kissimmee FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25 USA	Zip 29 34743 / Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAYES, ROBERT S ESQ. 441 WEST VINE STREET KISSIMMEE FL 34741	81 Name: LORENZO HAMILTON 82 Street Address (P.O. Box Number is Not Acceptable): 263 GARDENIA ROAD 83 84 City: Kissimmee FL 85 Zip Code: 34743

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: LORENZO HAMILTON — 3-6-95
Signature, typed or printed name of registered agent and title if applicable (MUST be Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HAMILTON, LORENZO	12 NAME	
STREET ADDRESS	POST OFFICE BOX 430395 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741-0395	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE V	2ND Vice President ☐ Change ☐ Addition
NAME	DILLON, BRIAN	22 NAME	GARY STEIN
STREET ADDRESS	POST OFFICE BOX 430395 N/A	23 STREET ADDRESS	PO BOX 430395
CITY-ST-ZIP	KISSIMMEE FL 34741-0395	24 CITY-ST-ZIP	Kissimmee FL 34743-0395
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, TONY	32 NAME	
STREET ADDRESS	POST OFFICE BOX 430395 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741-0395	34 CITY-ST-ZIP	
TITLE	D	41 TITLE T	HAMILTON, KRISTIE ☐ Change ☐ Addition
NAME	TDMILTON, KRISTIE	42 NAME	
STREET ADDRESS	POST OFFICE BOX 430395 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741-0395	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE S	DILLON, MARY, SECRETARY ☐ Change ☐ Addition
NAME	DORTON, ALVINA	52 NAME	PO BOX 430395
STREET ADDRESS	POST OFFICE BOX 430395 N/A	53 STREET ADDRESS	Kissimmee FL 34743-0395
CITY-ST-ZIP	KISSIMMEE FL 34741-0395	54 CITY-ST-ZIP	
TITLE		61 TITLE V	1st Vice President ☐ Change ☑ Addition
NAME		62 NAME	ANNETTE HOWARTH
STREET ADDRESS		63 STREET ADDRESS	PO BOX 430395
CITY-ST-ZIP		64 CITY-ST-ZIP	Kissimmee FL 34743-0395

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: Kristie Hamilton — 3-6-95 — 4073485665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048868