

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000003993 (1)**

1. Corporation Name

BROOKSVILLE UNITED SOCCER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4250 NEFF LAKE RD
BROOKSVILLE FL 34802**

**P O BOX 972
BROOKSVILLE FL 34805-0972**

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

59-3324382

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEARCE, PHILIP D
4250 NEFF LAKE RD
BROOKSVILLE FL 34802**

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 | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | DINUNZIOM, RON | |
| STREET ADDRESS | 9481 WALLIEN DR | |
| CITY-ST-ZIP | BROOKSVILLE FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GRAY, CHRIS | |
| STREET ADDRESS | 76 LARK AVENUE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34801 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | WERNER, JEFF | |
| STREET ADDRESS | 7418 MILDRED AVENUE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34801 | |

| | | |
|----------------|-------------------|--|
| TITLE | R | <input checked="" type="checkbox"/> DELETE |
| NAME | MONTGOMERY, JEFF | |
| STREET ADDRESS | 24470 S. IRIS PT. | |
| CITY-ST-ZIP | FLORAL CITY FL | |

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | HC | <input type="checkbox"/> DELETE |
| NAME | WEAVER, MARK | |
| STREET ADDRESS | 24470 LANARK RD | |
| CITY-ST-ZIP | BROOKSVILLE FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|---|
| 1.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Rick Singer | |
| 1.3 STREET ADDRESS | 23268 Singer Lane | |
| 1.4 CITY-ST-ZIP | Brooksville, FL 34601 | |

| | | |
|--------------------|--|---|
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------|--|
| 4.1 TITLE | R | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Christie Williams | |
| 4.3 STREET ADDRESS | 6235 Ogburn St. | |
| 4.4 CITY-ST-ZIP | Brooksville, FL 34602 | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine W. Gray, Secretary 4/17/98 (352) 796-3363

Date

Daytime Phone

0000425

CR2E037 (10/97)