2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 29, 2015
Secretary of State
CC5826519837

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Entity Name: TARPON SPRINGS YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

150 JASMINE AVE
TARPON SPORTS COMPLEX
TARPON SPRINGS, FL 34688

Current Mailing Address:

P.O. BOX 848
TARPON SPRINGS, FL 34688 US

FEI Number: 59-3178415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TARPON SPRINGSYOUTH SOCCER ASSOCIATION, INC.
150 JASMINE AVE
TARPON SPORTS COMPLEX
TARPON SPRINGS, FL 34688 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AIMEE ANDREWS 10/29/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	EGUINO, MARCELO
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	TREASURER, COMMUNICATIONS MANAGER
Name	HYLTON, REX
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	CONCESSION MANAGER
Name	STEFFEN, TAMMY
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	FUNDRAISING COORDINATOR
Name	TSESMELIS, EMMANUEL
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	REGISTRAR
Name	JASON, OWENS
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	SECRETARY
Name	D'ANDREA, LENNY
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	VOLUNTEER COORDINATOR
Name	O'NEIL, SANDRA
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

Title	COMMISSIONER
Name	KORFIAS, JAMES SR.
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCELO D. EGUINO PRESIDENT 10/29/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	CONCESSION MANAGER
Name	QUITERIO, CARRIE
Address	P.O. BOX 848
City-State-Zip:	TARPON SPRINGS FL 34688