


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 023 ****70.00

DOCUMENT # 745578

1. Entity Name
MANATEE AREA YOUTH SOCCER ORGANIZATION, INC.



Principal Place of Business
C/O MICHELE B. GRIMES
200 S. ORANGE AVE.
SARASOTA, FL 34236 US

Mailing Address
200 S ORANGE AVENUE
SARASOTA, FL 34236 US

60024078



2. Principal Place of Business - No P.O. Box #
5515 33rd Av Dr W

3. Mailing Address
c/o Michele B. Grimes
 Suite, Apt. #, etc.
200 S. Orange Avenue

04032008 Chg-NP CR2E037 (12/06)

City & State
Bradenton, FL

City & State
Sarasota, FL

Zip
34209 Country
US

Zip
34236 Country
US

4. FEI Number
59-2243243

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GRIMES, MICHELE B
200 SOUTH ORANGE AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HALMI, GAIL	
STREET ADDRESS	200 SOUTH ORANGE AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEMOTT, ROBIE	
STREET ADDRESS	200 SOUTH ORANGE AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARBON, TRACY	
STREET ADDRESS	200 SOUTH ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CURRY, REBECCA	
STREET ADDRESS	200 SOUTH ORANGE AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEMOTT, DON	
STREET ADDRESS	200 SOUTH ORANGE AVENUE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRELL, PAUL	
STREET ADDRESS	200 SOUTH ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, KIMBERLEY	
STREET ADDRESS	200 SOUTH ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, REBECCA	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGREAVES, HEATHER	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, DAVID	
STREET ADDRESS	200 SOUTH ORANGE AVE.	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Carrell Paul Carrell 4/8/08 (941) 718-9244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #