


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State


DOCUMENT # 770322

1. Entity Name
GAINESVILLE RECREATIONAL SOCCER, INCORPORATED



Principal Place of Business 16 S. MAIN STREET GAINESVILLE, FL 32601	Mailing Address P O BOX 15436 GAINESVILLE, FL 32604 US
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2601322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOFFMAN, BRUCE
 16 MAIN STREET
 GAINESVILLE, FL 32601**

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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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000079819 03/08/04-80084-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOWEN, JAMES 903 NW 36TH DRIVE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WUBBEL, ERIC 3816 SW 18TH ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEWOLF, LUDO 7259 NW 42ND AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eric Wubbel **Eric Wubbel** 3/5/04 352-375-8195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #