


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 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**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2601322

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, PAUL
 1123 NW 58TH TERRACE
 GAINESVILLE, FL 32605**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2008**

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

000000921036
 05/14/08-80066-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNEAL, JIM 4207 NW 31ST TERRACE 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	DV MCNEAL, KELLY 4207 NW 31ST TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, PAUL 1123 NW 58TH TERRACE GAINESVILLE, FL 32605
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 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: *E. Wubbel Eric Wubbel* **4/21/08** **352-378-8195**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #