

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002304

FILED
Apr 21, 2006
Secretary of State

Entity Name: CHOCTAWHATCHEE HIGH SCHOOL SOCCER CLUB, INC.

Current Principal Place of Business:

110 NW RACETRACK RD
FT WALTON BEACH, FL

New Principal Place of Business:

110 NW RACETRACK RD
FT WALTON BEACH, FL 32547

Current Mailing Address:

P O BOX 2304
FT WALTON BEACH, FL 325492304

New Mailing Address:

FEI Number: 59-3643893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEET, H BART
FLEET, SPENCER, MARTIN & KILPATRICK, PA
1104 EGLIN PARKWAY
SHALIMAR, FL 325790000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KANE, JAMES M
Address: 9532 MONTE CARLO CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: SULLIVAN, MICHELLE K
Address: 227 OXFORD CT
City-St-Zip: MARY ESTHER, FL 32569

Title: V () Delete
Name: CHILCOTT, ROGER W JR
Address: 44 MARLBOROUGH RD
City-St-Zip: SHALIMAR, FL 32579

Title: P (X) Delete
Name: MERKLE, ARTHUR
Address: 115 YACHT CLUB DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: T (X) Delete
Name: MILLS, DIANA
Address: 192 COUNTRY CLUB RD
City-St-Zip: SHALIMAR, FL 32579

Title: D (X) Delete
Name: EARLY, JOSEPH
Address: 852 MEADOW LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUPP, LORI K
Address: 51 WOODHAM AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: V (X) Change () Addition
Name: BOYETTE, LINDA L
Address: 17 LINWOOD AVENUE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: T (X) Change () Addition
Name: ALLEN, MARY B
Address: 590 FAIRWAY COURT
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY B. ALLEN

T

04/21/2006

Electronic Signature of Signing Officer or Director

_____ Date