

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 03, 2005
Secretary of State**

DOCUMENT# N03000005415

Entity Name: WEST FLORIDA FUTSAL ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 271
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 271
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAZZONE, A. D
P.O. BOX 271
SAFETY HARBOR,, FL 34695 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MAZZONE, A D
Address: P.O. BOX 271
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP () Delete
Name: MAZZONE, DAVIANA
Address: P.O. BOX 271
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: A.MAZZONE

PRES

06/03/2005

Electronic Signature of Signing Officer or Director

Date