

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009366

FILED
May 23, 2006
Secretary of State

Entity Name: ROCKLEDGE SOCCER CLUB, INCORPORATED

Current Principal Place of Business:

PO BOX 560309
ROCKLEDGE, FL 32956

New Principal Place of Business:

Current Mailing Address:

PO BOX 560309
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 20-0132111 **FEI Number Applied For ()** **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:

WRIGHT, JAMES CPA
320 FORTENBERY ROAD
MERRITT ISLAND, FL 32952 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: PD () Delete
Name: HAPPEL, THOMAS
Address: 5041 SCOTT ROAD
City-St-Zip: COCOA, FL 32926

Title: VPD () Delete
Name: CHRISTENSEN, BOB
Address: 975 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: MORRISON, ROBB
Address: 1014 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: HAPPEL, CAROL
Address: 5041 SCOTT ROAD
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBB MORRISON

TR

05/23/2006

Electronic Signature of Signing Officer or Director

Date