


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

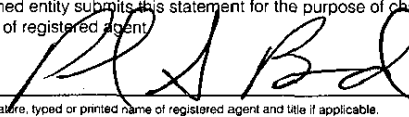
02-05-2004 90017 023 ****61.25

DOCUMENT # N38359				
1. Entity Name CORAL SPRINGS YOUTH SOCCER, INC.				
Principal Place of Business PO BOX 8014 CORAL SPRINGS, FL 33075		Mailing Address PO BOX 8014 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	01272004 Chg-NP CR2E037 (10/03)
4. FEI Number 65-0203021				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				7. Name and Address of New Registered Agent			
VANDERBECK, ROBERT S 9913 SW 1ST CT. CORAL SPRINGS, FL 33071				Name PAUL S. BREVDA			
				Street Address (P.O. Box Number is Not Acceptable) 8200 W. SUNRISE BLVD. D-2			
				City PLANTATION FL Zip Code 33322			

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.

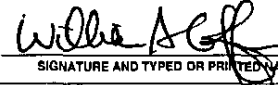
SIGNATURE  **PAUL S. BREVDA** DATE **1/27/04**

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPIETRI, ALLEN			NAME			
STREET ADDRESS	5300 NW 65 TERR.			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COFFMAN, WILLIAM A			NAME			
STREET ADDRESS	170 NW 112TH LANE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCHANT, EDWARD			NAME			
STREET ADDRESS	6642 NW 48TH ST			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHRISTMAS, DAVID			NAME			
STREET ADDRESS	1560 NW 103 TERR			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARL BIERMAN			NAME			
STREET ADDRESS	10966 NW 14 STREET			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, RICHARD			NAME			
STREET ADDRESS	1697 CYPRESS PT DRIVE			STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **WILLIAM A. COFFMAN, TREASURER** DATE **1/28/04** DAYTIME PHONE # **954-429-2135**

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