


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90029 004 ****70.00

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

Suite, Apt. #, etc.

City & State

Zip Country

40091719



04242006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0203021

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

6. Name and Address of Current Registered Agent

BREVIDA, PAUL S
 5200 W. SUNRISE BLVD. D-2
 PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEPIETRI, ALLEN	
STREET ADDRESS	5300 NW 65 TERR.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	T	<input type="checkbox"/> Delete
NAME	COFFMAN, WILLIAM A	
STREET ADDRESS	170 NW 112TH LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, DALE	
STREET ADDRESS	9237 NW 15 ST	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	D'ELISEO, STEVE	
STREET ADDRESS	340 NW 113 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERMAN, CARL	
STREET ADDRESS	10966 NW 14 STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, RICHARD	
STREET ADDRESS	1697 CYPRESS PT DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE, DALE	
STREET ADDRESS	UNCHANGED	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE D'ELISEO	
STREET ADDRESS	UNCHANGED	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL PARTIHOGE	
STREET ADDRESS	4929 KENSINGTON CIRCLE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	

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: William A. Coffman William A. Coffman, Treasurer 5/3/06 954-429-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #