

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N43654 1. Entity Name PALM BEACH SOCCER LEAGUE, INC.	
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Principal Place of Business % ARNOLD E. THOMPSON 1307 N.W. 8TH COURT BOYNTON BEACH, FL 33426	Mailing Address % ARNOLD E. THOMPSON 1307 N.W. 8TH COURT BOYNTON BEACH, FL 33426
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02182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0325764	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, ARNOLD E. 1307 N.W. 8TH COURT BOYNTON BEACH, FL 33426	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000061624
02/23/04-20089-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PECK, ENVER 9019 CYPRESS HOLLOW DRIVE WEST PALM GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, ARNOLD 1307 N.W. 8TH CT. BOYNTON BCH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREWER, JOHN 790 SAGE AVE. WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Arnold E. Thompson 2/18/04 (561) 737-4076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #