

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N43654**

1. Entity Name  
**PALM BEACH SOCCER LEAGUE, INC.**



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



04142005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0325764

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000315101  
04/19/05-80020-025 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

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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)(f), 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*

ARNOLD E. Thompson

3/14/05

(561) 787-4076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #