

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48546

FILED
Aug 23, 2006
Secretary of State

Entity Name: MELBOURNE BEACH SOCCER CLUB, INC.

Current Principal Place of Business:

P.O. BOX 511012
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511012
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 59-2433084 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:

WILLIAMMEE, JULIE
411 NIKOMAS WAY
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

SMITH, ARLENE
403 PENTLAND DRIVE
MELBOURNE BEACH, FL 32951 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: ARLENE SMITH

08/23/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: FILIPSKI, JEFF
Address: PO BOX 5110012
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TSD () Delete
Name: WILLIAMMEE, JULIE
Address: 411 NIKOMAS WAY
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: SCULTHORN, GRETCHEN
Address: 5555 SOUTH HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TSD () Delete
Name: SMITH, ARLENE
Address: PO BOX 511012
City-St-Zip: MELBOURNE BEACH, FL 32951

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: TSD (X) Change () Addition
Name: SMITH, ARLENE
Address: 403 PENTLAND DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

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: ARLENE SMITH

TSD

08/23/2006

Electronic Signature of Signing Officer or Director

Date