

SIGNATURE: 🗹

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N18192 1. Entity Name FLORIDA WEST COAST HIGH SCHOOL SOCCER OFFICIALS ASSOCIATION, INC. 2007 NOV - L AM 9: 55 Principal Place of Business Mailing Address 2327 TIMBERGROVE DRIVE 2327 TIMBERGROVE DRIVE SECRETARY OF STATE VALRICO, FL 33594 VALRICO, FL 33594 TALLAHASSEE, FLORID & 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. 10182007 REIN-NP CR2E099 (1/07) 4. FE! Numbe City & State City & State Applied For 59-2956651 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAGEMANN, CARL Street Address (P.O. Box Number is Not Acceptable) 2327 TIMBERGROVE DRIVE VALRICO, FL 33594 City Zip Code FI. 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 Make check payable to FILE NOWIII FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Chance PD ☐ Delete TITLE Addition TITLE DAWE, JONATHAN NAME NAME **800111582458** 11707**7-**0183-018 **236.25 3602 W. PLATT STREET STREET ADDRESS STREET ADDRESS **TAMPA, FL 33609** CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Change Addition VPD Delete TITLE TITLE STEVEN MOVITSKE 2318 LANCKEST DR. ROESEL, JOE NAME NAME 28551 DAWNS BREAK PT. STREET ADDRESS STREET ADDRESS CITY-ST-719 VALRICO, FL CITY-ST-ZIP WESLEY CHAPEL, FL 33543 ■ Addition SD TITLE ☐ Change Delete TITLE NAME HAGEMANN, CARL NAME 2327 TIMBERGROVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE TD MADUKANYA, CYRIL NASAF NAME STREET ADDRESS 30606 MIDTOWN CT. STREET ADDRESS CITY-S1-ZIP WESLEY CHAPLE, FL 33544 CITY-ST-ZIF Delete TITLE ☐ Change Addition TITLE JAMES UPRS WARHOLA, MARK NAME 4723 LOWN AVE. 5317 NORTHDALE BLVD. STREET ADDRESS STREET ADDRESS TOMAN, FL 33611 CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33624** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 10/18/2007 813-230-59