

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730730

FILED  
Mar 18, 2007  
Secretary of State

Entity Name: CAPE CORAL SOCCER ASSOCIATION, INC.

**Current Principal Place of Business:**

PELICAN SOCCER COMPLEX  
4020 SW 2ND CT  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 732  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

FEI Number: 59-2610047

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NUCKOLLS, HUGH P ESQ  
1375 JACKSON STREET, SUITE 303  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: KEARNES, LORI  
Address: 2122 NW 14TH LANE  
City-St-Zip: CAPE CORAL, FL 33993

Title: VPD ( ) Delete  
Name: KING, ANGELA M  
Address: 2101 NE 15TH STREET  
City-St-Zip: CAPE CORAL, FL 33909

Title: TD ( ) Delete  
Name: MITCHELL, KIMBERLY  
Address: 1951 LONGFELLOW DR  
City-St-Zip: N.FT.MYERS, FL 33903

Title: S ( ) Delete  
Name: TARAS-TYDING, DONNA  
Address: 3733 SW 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: LILLIE, JACULIN P  
Address: 301 SE 20TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: VPD (X) Change ( ) Addition  
Name: HUNTER, CATHY  
Address: 1629 SW 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: DUQUETTE, STEVEN M  
Address: 2531 SW 28TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33914

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: KIMBERLY A MITCHELL

TD

03/18/2007

Electronic Signature of Signing Officer or Director

Date