

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740153

FILED
Feb 29, 2004
Secretary of State

Entity Name: MARGATE YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

480 S.W. 49TH TERRACE
MARGATE, FL 33068

New Principal Place of Business:

Current Mailing Address:

480 S.W. 49TH TERRACE
MARGATE, FL 33068

New Mailing Address:

FEI Number: 59-2072723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEXTER, JANE M
480 SW 49 TERR
MARGATE, FL 33068

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: CASE, CHRIS
Address: 440 CLANCEY CIR
City-St-Zip: MARGATE, FL

Title: TD () Delete
Name: WALDSPURGER, G.,
Address: 6413 NW 20 ST
City-St-Zip: MARGATE, FL

Title: VD () Delete
Name: CASE, WILLIAM
Address: 440 CLANCEY CIR
City-St-Zip: MARGATE, FL 33063

Title: PD () Delete
Name: DEXTER, J.
Address: 480 SW 49 TERR
City-St-Zip: MARGATE, FL

Title: VP () Delete
Name: PUMARIEGA, LISA
Address: 458 NW 69TH TERR
City-St-Zip: MARGATE, FL 33063

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: G. WALDSPURGER

TD

02/29/2004

Electronic Signature of Signing Officer or Director

Date