

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740934

FILED
Apr 19, 2004
Secretary of State**Entity Name:** FIRST COAST SOCCER ASSOCIATION, INC.**Current Principal Place of Business:**2850 HODGES BLVD.
JACKSONVILLE, FL 32224 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 50969
JACKSONVILLE, FL 32240 US**New Mailing Address:**2850 HODGES BLVD.
JACKSONVILLE, FL 32224 US**FEI Number:** 59-2881219**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CAMPOS, CARLOS
14210 WAVERLY FALLS LANE E.
JACKSONVILLE, FL 32224 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: PD () Delete
Name: CAMPOS, CARLOS
Address: 14210 WAVERLY FALLS LN. E.
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD () Delete
Name: RUBIO, MARIO
Address: 8995 BENSALEM DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: JOHNS, MARY BETH
Address: 2440 SAN SAGO LN.
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: MALEWICKI, CHRIS
Address: 2273 WINDJAMMER LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: HALPIN, BRAD
Address: 421 PABLO POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: AVRITT, WESLEY G
Address: 2655 SUPREME CT.
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: BAILET, PETER
Address: 3017 OAK ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD (X) Change () Addition
Name: WHIDBY, DWAYNE
Address: 1100 SALT CREEK DR
City-St-Zip: PONTE VEDRA, FL 32224

Title: D (X) Change () Addition
Name: HOFMAN, SUE
Address: 3730 PINCKNEY ISLAND CT.
City-St-Zip: JACKSONVILLE, FL 32224

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: PETER BAILET

T,D

04/19/2004

Electronic Signature of Signing Officer or Director

Date