2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006
Secretary of State

DOCUMENT# 740934

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:

2850 HODGES BLVD.
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-2881219 **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:

DIXON, BARRY
5031 DIXIE LANDING DRIVE
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:	DIXON, BARRY	
Address:	5031 DIXIE LANDING DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	TD	( ) Delete
Name:	BLANTON, BUCK	
Address:	12060 BAYONE STREET	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	RD	( ) Delete
Name:	KAMM, LYLE	
Address:	1955 BRISTA DE MAR CIRCLE	
City-St-Zip:	ATLANTIC BEACH, FL 32233	
Title:	D	( ) Delete
Name:	BECKENBACH, MARK	
Address:	2210 OCEANWALK DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32233	
Title:	D	( ) Delete
Name:	HOFMAN, SUE	
Address:	3730 PINCKNEY ISLAND CT.	
City-St-Zip:	JACKSONVILLE, FL 32224	

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:	VPD	(X) Change ( ) Addition
Name:	BECKENBACH, MARK	
Address:	2210 OCEANWALK DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32233	
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 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: BARRY DIXON PD 09/13/2006

Electronic Signature of Signing Officer or Director — Date