
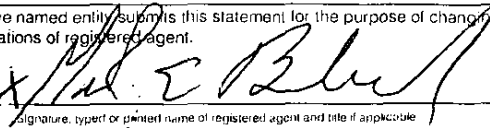
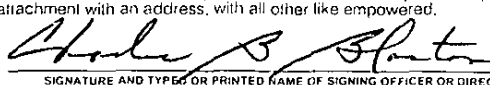


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90075 030 \*\*\*\*70.00

<b>DOCUMENT # 740934</b> 1. Entity Name FIRST COAST SOCCER ASSOCIATION, INC.					
Principal Place of Business 2850 HODGES BLVD. JACKSONVILLE, FL 32224 US			Mailing Address 2850 HODGES BLVD. JACKSONVILLE, FL 32224 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIXON, BARRY 5031 DIXIE LANDING DRIVE JACKSONVILLE, FL 32224				Name: <b>MARK BECKENBACH</b> Street Address: <b>2210 OCEANWALK DR.</b> City: <b>JACKSONVILLE</b> FL Zip Code: <b>32233</b>	
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:  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE: <b>July 6, 2007</b> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, BARRY		NAME		
STREET ADDRESS	5031 DIXIE LANDING DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLANTON, BUCK		NAME		
STREET ADDRESS	12060 BAYONE STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	RD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAMM, LYLE		NAME		
STREET ADDRESS	1955 BRISTA DE MAR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BECKENBACH, MARK		NAME		
STREET ADDRESS	2210 OCEANWALK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32233		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFMAN, SUE		NAME		
STREET ADDRESS	3730 PINCKNEY ISLAND CT.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEITH C. TEMPLE		NAME		
STREET ADDRESS	2205 SPANISH MOSS		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date: _____ Daytime Phone: _____	

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