

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 21, 2004 8:00 am
Secretary of State

09-21-2004 90001 043 ****61.25

DOCUMENT # 749941

1. Entity Name

EAST CITRUS SOCCER LEAGUE, INC.



Principal Place of Business

P.O. BOX 146
INVERNESS FL 34451-7146

Mailing Address

P.O. BOX 146
INVERNESS FL 34451-7146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2693280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITHKOWSKI, JOHN
1160 E LASALLE ST
HERNANDO FL 34442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WITHKOWSKI, JOHN
STREET ADDRESS 1160 E LASALLE ST
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME WITHKOWSKI, ANN
STREET ADDRESS 1160 E LASALLE ST
CITY-ST-ZIP HERNANDO FL 34442 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME ELLZEY, LEE
STREET ADDRESS 10004 REGENCY ROW
CITY-ST-ZIP INVERNESS FL 34450 ☒ Delete

TITLE
NAME Rusty McFall ☐ Change ☒ Addition
STREET ADDRESS 6967 N Palmer Way
CITY-ST-ZIP HERNANDO FL 34442

TITLE TD
NAME CEPRANO, JOHN
STREET ADDRESS 2637 W EXPRESS LANE
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #