2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 749941

Entity Name: EAST CITRUS SOCCER LEAGUE, INC.

Current Principal Place of Business:

P.O. BOX 146
INVERNESS, FL 344517146

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 146
INVERNESS, FL 344517146

New Mailing Address:

FEI Number: 59-2693280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WITHKOWSKI, JOHN
1160 E LASALLE ST
HERNANDO, FL 34442 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:	WITHKOWSKI, JOHN	
Address:	1160 E LASALLE ST	
City-St-Zip:	HERNANDO, FL 34442	
Title:	SD	( ) Delete
Name:	WITHKOWSKI, ANN	
Address:	1160 E LASALLE ST	
City-St-Zip:	HERNANDO, FL 34442	
Title:	VPD	( ) Delete
Name:	MCFALL, RUSTY	
Address:	6967 N PALMER WAY	
City-St-Zip:	HERNANDO, FL 34442	
Title:	TD	( ) Delete
Name:	CEPRANO, JOHN	
Address:	2637 W EXPRESS LANE	
City-St-Zip:	LECANTO, FL 34461	

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:	TD	(X) Change ( ) Addition
Name:	STRAIT, CINDY	
Address:	2631 E. CENTER ST	
City-St-Zip:	INVERNESS, FL 34453	

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: JOHN WITHKOWSKI PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date