

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749941

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: EAST CITRUS SOCCER LEAGUE, INC.

## Current Principal Place of Business:

P.O. BOX 146  
INVERNESS, FL 344517146

## New Principal Place of Business:

1160 E. LASALLE ST  
HERNANDO, FL 344442

## 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: STRAIT, CINDY  
Address: 2631 E. CENTER ST  
City-St-Zip: INVERNESS, FL 34453

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition  
Name: HUBER, BRAD  
Address: 12692 S HOYER TER  
City-St-Zip: FLORIAL CITY, FL 34436

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

Title: TD ( ) Change (X) Addition  
Name: SHARRONE, SUZANNE  
Address: 9355 S. T ISTACHATTA RD  
City-St-Zip: FLORIAL CITY, FL 34436

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

04/30/2007

Electronic Signature of Signing Officer or Director

Date