

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751506

FILED
Mar 29, 2004
Secretary of State**Entity Name:** FLORIDA STATE SOCCER ASSOCIATION, INC.**Current Principal Place of Business:**8410 MURRAY CT.
SANFORD, FL 32771 US**New Principal Place of Business:****Current Mailing Address:**8410 MURRAY CT.
SANFORD, FL 32771 US**New Mailing Address:****FEI Number:** 59-2232133**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AMATO, ALPHONSE M.
8410 MURRAY CT.
SANFORD, FL 32771 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: MCCORMICK, BROOKS
Address: PO BOX 3930 NA
City-St-Zip: SEMINOLE, FL

Title: VPS () Delete
Name: LAVIELLE, ROB
Address: 4316 S CLARK ST
City-St-Zip: TAMPA, FL 33611

Title: T () Delete
Name: AMATO, AL
Address: 8410 MURRAY COURT
City-St-Zip: SANFORD, FL

Title: VD () Delete
Name: MEEDROFF, SUSANA
Address: 6011 NW 68TH STREET
City-St-Zip: PARKLAND, FL

Title: S () Delete
Name: SHERMAN, MARK
Address: 4393 TRADWINDS DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LA VIELLE, ROB
Address: 3116 W. SAN JUAN ST.
City-St-Zip: TAMPA, FL 33629

Title: VPS (X) Change () Addition
Name: MEEROFF, SUSANA
Address: 6011 NW 68TH STREET
City-St-Zip: PARKLAND, FL 33067

Title: T (X) Change () Addition
Name: AMATO, AL
Address: 8410 MURRAY COURT
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: GUTIERREZ, JOSE
Address: 2367 SE HARRISON ST.
City-St-Zip: STUART, FL 34997

Title: S (X) Change () Addition
Name: ANQUILLARE, HEATHER
Address: 600 SW 110TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALPHONSE M. AMATO

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03/29/2004

Electronic Signature of Signing Officer or Director

Date