2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# 751506

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:	LA VIELLE, ROB	
Address:	3116 W. SAN JUAN ST.	
City-St-Zip:	TAMPA, FL 33629	
Title:	VPS	( ) Delete
Name:	MEEROFF, SUSANA	
Address:	6011 NW 68TH STREET	
City-St-Zip:	PARKLAND, FL 33067	
Title:	T	( ) Delete
Name:	AMATO, AL	
Address:	8410 MURRAY COURT	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	GUTIERREZ, JOSE	
Address:	2367 SE HARRISON ST.	
City-St-Zip:	STUART, FL 34997	
Title:	S	( ) Delete
Name:	ANQUILLARE, HEATHER	
Address:	600 SW 110TH AVE.	
City-St-Zip:	PEMBROKE PINES, FL 33025	

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

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, TREASURER, FSSA T 04/23/2005

Electronic Signature of Signing Officer or Director — Date