

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751506

FILED
Apr 21, 2008
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: LA VIELLE, ROB
Address: 3116 W. SAN JUAN ST.
City-St-Zip: TAMPA, FL 33629

Title: VPS () Delete
Name: LOYOLA, EDDIE
Address: 1270 LANCELOT WAY
City-St-Zip: CASSELBERRY, FL 32707

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 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: ALPHONSE M. AMATO

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04/21/2008

Electronic Signature of Signing Officer or Director

Date