## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 07, 2009 **DOCUMENT#751506** Secretary of State

Entity Name: FLORIDA STATE SOCCER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8410 MURRAY CT. SANFORD, FL 32771 US

**Current Mailing Address: New Mailing Address:** 

8410 MURRAY CT SANFORD, FL 32771 US

FEI Number: 59-2232133 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMATO, ALPHONSE M. 8410 MÚRRAY CT. SANFORD, FL 32771 US

**OFFICERS AND DIRECTORS:** 

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:

Date

Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

LA VIELLE, ROB MATTSON, ARTHUR Name: Name: 3116 W. SAN JUAN ST. Address: 453 ARCHAIC DRIVE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: WINTER HAVEN, FL 33880

Title: **VPS** () Delete Title: (X) Change ( ) Addition

MOELLER, RICHARD Name: MOELLER, RICHARD Name: Address: 650 84TH STREET, #36 Address: 650 84TH STREET, #36 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

Title: () Delete Title: () Change () Addition

AMATO, AL Name: Name: 8410 MURRAY COURT Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip:

( ) Delete Title: Title: () Change () Addition

Name: GUTIERREZ, JOSE Name: 2367 SE HARRISON ST. Address: Address: City-St-Zip: STUART, FL 34997 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

MATTSON, ARTHUR BLISKIS, LISA Name: Name: 422 S. FLORIDA AVE 750 NE 7TH AVE Address: Address: DANIA BEACH, FL 33004 City-St-Zip: LAKELAND, FL 33801 City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

ALARCON, MACK Name: Name: Address: Address: 237 GENTIAN ROAD ST. AUGUSTINE, FL 32086 City-St-Zip: 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 Т 11/07/2009