

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751506

**FILED**  
**Mar 29, 2010**  
**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:** P  
**Name:** MATTSON, ARTHUR  
**Address:** 453 ARCHAIC DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33880

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

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

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

**Title:** S  
**Name:** BLISKIS, LISA  
**Address:** 750 NE 7TH AVE  
**City-St-Zip:** DANIA BEACH, FL 33004

**Title:** D  
**Name:** ALARCON, MACK  
**Address:** 237 GENTIAN ROAD  
**City-St-Zip:** ST. AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

**SIGNATURE:** ALPHONSE M. AMATO

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03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date