2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763720

FILED Apr 21, 2009 Secretary of State

Entity Name: CENTRAL BREVARD SOCCER, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
	WOOD AVE SLAND, FL 3:	2953		
Current Mailing Address:			New Mailing Address:	
P.O. BOX 5 MERRITT I	540241 SLAND, FL 3:	29540241		
FEI Number:	59-2193805	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:				
	N WOOD AVE. SLAND, FL 3:	2953 US		
The above in the State		submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,
SIGNATUR				
	Electron	ic Signature of Registered Age	nt	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NOTARDONATO	LAGOON LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () BLAUE, SCOTT 5240 WILDWO MERRITT ISLAN	OD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD () RYE, BRIAN 5190 WILDWO MERRITT ISLAN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () VOLK, ROBERT 3451 TIPPERAI MERRITT ISLAI	RY DR	Title: Name: Address: City-St-Zip:	() Change () Addition

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: BRIAN RYE **PRES** 04/21/2009