

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

DOCUMENT# 763720

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL BREVARD SOCCER, INC.

**Current Principal Place of Business:**

5190 WILDWOOD AVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540241  
MERRITT ISLAND, FL 329540241

**New Mailing Address:**

**FEI Number:** 59-2193805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYE, BRIAN  
5190 WILDWOOD AVE.  
MERRITT ISLAND, FL 32953 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: TD  
Name: LEWIS, MAUREEN  
Address: 610 ALBATROSS STREET  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP  
Name: BLAUE, SCOTT  
Address: 5240 WILDWOOD AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD  
Name: RYE, BRIAN  
Address: 5190 WILDWOOD AVE.  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: SD  
Name: SCHRACK, ROB  
Address: 1750 CANAL COURT  
City-St-Zip: MERRITT ISLAND, FL 32953

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: MAUREEN LEWIS

TD

01/19/2010

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

\_\_\_\_\_  
Date