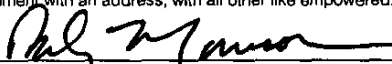


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90047 034 ****61.25

DOCUMENT # 763903 1. Entity Name DELRAY BEACH SOCCER LEAGUE, INC.					
Principal Place of Business 490 DOTTEREL RD. DELRAY BEACH, FL 33444 US			Mailing Address P.O BOX 2534 DELRAY BEACH, FL 33447-2534 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent MORRISON, DALE 309 NE FIRST STREET DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PETERSON, MIKE 1004 NW 3RD AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DEAN, S. TURNER 3430 OLEANDER WAY DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBIN BIRD 1300 CORMORANT ROAD DELRAY BEACH, FL 33444 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WALKER, CHUCK 802 NW 1ST AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANZA, BOBBY 3531 BLVD. CHATELAINE DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORGAN, JULIE 450 S. SWINTON AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MORRISON, DALE 309 NE FIRST STREET DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1/5/04 561-278-1002		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		