


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90023 005 ****61.25

DOCUMENT # 765354 1. Entity Name TOP OF FLORIDA SOCCER CLUB, INC.					
Principal Place of Business P.O. BOX 15851 TALLAHASSEE, FL 32317-5851 US				Mailing Address P.O. BOX 15851 TALLAHASSEE, FL 32317-5851 US	
* PLEASE CHANGE ADDRESS AS BELOW:					
2. Principal Place of Business P.O. BOX 15121			3. Mailing Address P.O. BOX 15121		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TALLAHASSEE, FL.		City & State TALLAHASSEE, FL		4. FEI Number 59-2970908	
Zip 32317		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32317		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAEFFER, CHARLES I 7836 MACLEAN RD TALLAHASSEE, FL 32312				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D TOMASI, THOMAS 3214 DEL RIO TERR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPP, GORDY PO BOX 1826 CRAWFORDVILLE, FL 323261826	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFFER, CHARLES 7836 MACLEAN RD. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACEY, NED 8334 PORTSMOUTH COURT TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANER, BILL 4165 TRACEE RD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADDAR, KAMAL 4841 HEATHE DR TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1/15/06 (850) 491-0926 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					