

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765354

FILED
Apr 27, 2007
Secretary of State

Entity Name: TOP OF FLORIDA SOCCER CLUB, INC.

Current Principal Place of Business:

P.O. BOX 15121
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

4841 HEATHE DR.
TALLAHASSEE, FL 32309 US

Current Mailing Address:

P.O. BOX 15121
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 59-2970908 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHAEFFER, CHARLES I
7836 MACLEAN RD
TALLAHASSEE, FL 32312 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: D () Delete
Name: TOMASI, THOMAS
Address: 3214 DEL RIO TERR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: LEPP, GORDY
Address: PO BOX 1826
City-St-Zip: CRAWFORDVILLE, FL 323261826

Title: PD () Delete
Name: SCHAEFFER, CHARLES
Address: 7836 MACLEAN RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: STACEY, NED
Address: 8334 PORTSMOUTH COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: SHANER, BILL
Address: 4165 TRACEE RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: RADDAR, KAMAL
Address: 4841 HEATHE DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAMAL RADDAR

D

04/27/2007

Electronic Signature of Signing Officer or Director

Date