

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767228

FILED
Jan 21, 2004
Secretary of State

Entity Name: PALM BAY YOUTH SOCCER INCORPORATED

Current Principal Place of Business:

563 KARNEY AVE
PALM BAY, FL 32907 US

New Principal Place of Business:

Current Mailing Address:

563 KARNEY AVE
PALM BAY, FL 32907 US

New Mailing Address:

FEI Number: 59-2420411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, DANNY
563 KARNEY AVE
PALM BAY, FL 32907 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: PD () Delete
Name: GRIFFIN, DANNY
Address: 563 KARNEY AVE
City-St-Zip: PALM BAY, FL 32907 US

Title: DV () Delete
Name: SCHMID, K. PETER
Address: 1375 TILBERG AVE. NW
City-St-Zip: PALM BAY, FL 32907

Title: SD () Delete
Name: RYAN, CHRIS
Address: 1401 HAYWORTH CIRCLE
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: NEMEROFF, BRIAN
Address: 280 SALMON DRIVE
City-St-Zip: PALM BAY, FL 32907

Title: T () Delete
Name: CARTER, LISA
Address: 1785 EATONIA STREET
City-St-Zip: PALM BAY, FL 32907

Title: D () Delete
Name: SAVAGE, WAYNE
Address: 1286 MARIPOSA DR
City-St-Zip: PALM BAY, FL 32905

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
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARTINI, JOSEPH C
Address: 590 FOURNIER ST SW
City-St-Zip: PALM BAY, FL 32908

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH C. MARTINI

T

01/21/2004

Electronic Signature of Signing Officer or Director

Date