

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007648

FILED
Jul 25, 2007
Secretary of State

Entity Name: SANIBEL YOUTH SOCCER, INC.

Current Principal Place of Business:

P.O. BOX 392
SANIBEL, FL 33957 US

New Principal Place of Business:

SANIBEL SOCCER FIELDS
SANIBEL, FL 33957 US

Current Mailing Address:

P.O. BOX 392
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 65-1059084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HALL, SCOTT W TREA
816 LIMPET DR
SANIBEL, FL 33957 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: PRES () Delete
Name: WILLIAMS, KIRK PRES
Address: 1028 SANDCASTLE RD
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: TAUB, STEVE VP
Address: 5235 INDIAN CT
City-St-Zip: SANIBEL, FL 33957

Title: TRES () Delete
Name: HALL, SCOTT W TRES
Address: 816 LIMPET DR
City-St-Zip: SANIBEL, FL 33957

Title: SEC () Delete
Name: SMITH, HOLLY SEC
Address: 1660 BUNTING LN
City-St-Zip: SANIBEL, FL 33957

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:

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: KIRK WILLIAMS

PRES

07/25/2007

Electronic Signature of Signing Officer or Director

Date