2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007090

FILED Apr 06, 2005 Secretary of State

Entity Name: TREASURE COAST SOCCER LEAGUE, INC.

Current Principal Place of Business: New Principal Place of Business: 1944 SW GLENCO 2746 NE CYPRESS LANE JENSEN BEACH, FL 34957 PORT ST LUCIE, FL 34953 US US **Current Mailing Address: New Mailing Address:** PO BOX 853 JENSEN BEACH, FL 34958 US FEI Number: 77-0595761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHEKAILO, LORETTA 2746 NE CYPRESS LANE JENSEN BEACH, FL 34957 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LENTZ, TODD SHEKAILO, LORETTA Name: Name: 1944 SW GLENCO Address: 2746 NE CYPRESS LANE Address: City-St-Zip: PORT ST LUCIE, FL 34953 US City-St-Zip: JENSEN BEACH, FL 34957 US Title: () Delete Title: (X) Change () Addition SHEKAILO, LORETTA Name: GUTIERREZ, KIM Name: Address: 2746 NE CYPRESS LANE Address: 7004 SW VICTORIA CT. City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: STUART, FL 34997 US Title: () Delete Title: () Change () Addition LAPPERT-RUEL, ELIZABETH Name: Name: Address: 3744 SE LOWER STREET Address: City-St-Zip: STUART, FL 34997 US City-St-Zip: () Delete Title: DV Title: () Change () Addition MATSOUKIS, NICHOLAS Name: Name: Address: 8413 SE PINE CIRCLE Address: City-St-Zip: HOBE SOUND, FL 33455 US City-St-Zip: Title: () Delete Title: DS () Change (X) Addition MARIE-CLAUDE, GOULET Name: Name: 1657 SE CHELLO LANE Address: Address: City-St-Zip: City-St-Zip: PORT ST. LUCIE, FL 34983 Title: () Delete Title: () Change (X) Addition LENTZ. TODD Name: Name: Address: Address: 1944 SW GLENCO PORT ST. LUCIE, FL 34953 City-St-Zip: 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: LORETTA SHEKAILO DP 04/06/2005