2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N01000007090

Entity Name: TREASURE COAST SOCCER LEAGUE, INC.

Current Principal Place of Business:

2746 NE CYPRESS LANE
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

2746 NE CYPRESS LANE
JENSEN BEACH, FL 34958 US

New Mailing Address:

FEI Number: 77-0595761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEKAILO, LORETTA
2746 NE CYPRESS LANE
JENSEN BEACH, FL 34957 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:	DP	( ) Delete
Name:	SHEKAILO, LORETTA	
Address:	2746 NE CYPRESS LANE	
City-St-Zip:	JENSEN BEACH, FL 34957 US	
Title:	DS	(X) Delete
Name:	GUTIERREZ, KIM	
Address:	7004 SW VICTORIA CT.	
City-St-Zip:	STUART, FL 34997 US	
Title:	DV	( ) Delete
Name:	STUCKEY, BRYANT	
Address:	6595 SE FLORAL TER	
City-St-Zip:	HOBE SOUND, FL 33455 US	
Title:	DT	( ) Delete
Name:	LENTZ, KAREN	
Address:	1944 SW GLENCO	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	
Title:	DPP	( ) Delete
Name:	LENTZ, TODD	
Address:	1944 SW GLENCO	
City-St-Zip:	PORT ST. LUCIE, FL 34953 US	

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:	( ) 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: LORETTA SHEKAILO DP 04/30/2007

Electronic Signature of Signing Officer or Director — Date