

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007090

FILED
Apr 26, 2008
Secretary of State

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:

8949 SE BRIDGE RD
#220
HOBE SOUND, FL 33455 US

Current Mailing Address:

2746 NE CYPRESS LANE
JENSEN BEACH, FL 34958 US

New Mailing Address:

8949 SE BRIDGE RD
#220
HOBE SOUND, FL 33455 US

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:

SEMENTELLI, ANTHONY
8949 SE BRIDGE RD
#220
HOBE SOUND, FL 33455 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: ANTHONY SEMENTELLI

04/26/2008

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: 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SEMENTELLI, ANTHONY
Address: 8949 SE BRIDGE RD #220
City-St-Zip: HOBE SOUND, FL 33455 US

Title: DV (X) Change () Addition
Name: WILLIS, MICHAEL
Address: 204 NE BLAIRWOOD TRACE
City-St-Zip: JENSEN BEACH, FL 34957 US

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

Title: DPP (X) Change () Addition
Name: SHEKAILO, LORIE
Address: 8949 SE BRIDGE RD #220
City-St-Zip: HOBE SOUND, FL 33455 US

Title: DS () Change (X) Addition
Name: WOLL, KATHLEEN
Address: 8176 SE PALM ST
City-St-Zip: HOBE SOUND, FL 33455

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: KATHLEEN WOLL

DS

04/26/2008

Electronic Signature of Signing Officer or Director

Date