

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008617

FILED
May 03, 2006
Secretary of State

Entity Name: FLAGLER UNITED YOUTH SOCCER, INC.

Current Principal Place of Business:

41 COCHISE COURT
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

PO BOX 352493
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 59-3758112 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:

Name and Address of New Registered Agent:

MEEKER, FRANK J
41 COCHISE COURT
PALM COAST, FL 32137 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:

Title: DP () Delete
Name: MEEKER, FRANK J
Address: 41 COCHISE CT
City-St-Zip: PALM COAST, FL 32137

Title: VP/D () Delete
Name: ARNETT, JAN
Address: 3032 PAINTERS WALK
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: ALLEN, JOY
Address: 609 N. CHAPEL STREET
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: GUTIERREZ, CARMEN
Address: 29 BARKLEY LANE
City-St-Zip: PALM COAST, FL 32137

Title: DS () Delete
Name: ROGERS, SUE
Address: 2 ECHO SANDS PLACE
City-St-Zip: PALM COAST, FL 32164

Title: D (X) Delete
Name: NEWSOME, MARY
Address: 26 E DIAMOND DRIVE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: WISE, SASCHA
Address: 22 EDITH POPE DRIVE
City-St-Zip: PALM COAST, FL 32164

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

Title: DS (X) Change () Addition
Name: SOLOMON, MURIEL
Address: 28 ROYAL LEAF LANE
City-St-Zip: PALM COAST, FL 32164

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 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: FRANK J MEEKER

P

05/03/2006

Electronic Signature of Signing Officer or Director

Date