2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N01000008617

Entity Name: FLAGLER UNITED YOUTH SOCCER, INC.

Current Principal Place of Business:

5 CORAL REEF CT S
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 ( )**

Name and Address of Current Registered Agent:

WISE, SASCHA A
5 CORAL REEF CT S
PALM COAST, FL 32137 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: ARNETT, JAN
Address: 3032 PAINTERS WALK
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VP/D (X) Delete
Name: WEBER, CHARLES R
Address: LAKESIDE PLACE
City-St-Zip: PALM COAST, FL 32137

Title: DT ( ) Delete
Name: WISE, SASCHA
Address: 5 CORAL REEF CT S
City-St-Zip: PALM COAST, FL 32137

Title: DS (X) Delete
Name: TUCKER, URSULA
Address: 5 COURTNEY CT
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WEBER, CHARLES R
Address: LAKESIDE PL
City-St-Zip: PALM COAST, FL 32137

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: SASCHA WISE DT 04/30/2008

Electronic Signature of Signing Officer or Director — Date