## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01526

FILED Jul 29, 2006 Secretary of State

Entity Name: INDIALANTIC YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 33612

INDIALANTIC, FL 32903

Current Mailing Address: New Mailing Address:

PO BOX 33612 PO BOX 33612

INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 US

FEI Number: 59-2422621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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:

O'BRIEN, JAMES M OLIVER, GLENN D TREASUR
1686 W. HIBISCUS BLVD. 463 RIO CASA DRIVE, N
MELBOURNE, FL 32901 US INDIALANTIC, FL 32903 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.

City-St-Zip:

SIGNATURE: GLENN OLIVER 07/29/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

INDIALANTIC, FL 32903

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

INDIALANTIC, FL 32903

Title: PD ( ) Delete Title: PRES (X) Change ( ) Addition Name: SHEEDY, ED Name: STORUM, LEW

Address: 3065 RIO PLUMOSA N Address: 140 LEE STREET
City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903

 Title:
 TD ( ) Delete
 Title:
 VP (X) Change ( ) Addition

 Name:
 MORAN, KEVIN
 Name:
 JENKINS, GLEN V PRESI

 Address:
 627 FRANKLYN AVE
 Address:
 115 OCEAN TERRACE

Title: SD ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 REILOVA, JOSE
 Name:
 FISHER, CHRIS SECRATA

 Address:
 525 WEST RIVER OAKS DR
 Address:
 212 12 TERRACE

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 INDIALANTIC, FL 32903

Title: ( ) Delete Title: REGI ( ) Change (X) Addition
Name: Name: STORUM, PAULA REGISTE
Address: Address: 140 LEE STREET

City-St-Zip: City-St-Zip: INDIALANTIC, FL 32903

 Title:
 ( ) Delete
 Title:
 TRES ( ) Change (X) Addition

 Name:
 Name:
 OLIVER, GLENN TRESURE

 Address:
 Address:
 463 RIO CASA DRIVE, N

 City-St-Zip:
 City-St-Zip:
 INDIALANTIC, FL 32903

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: GLENN OLIVER TRES 07/29/2006