

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01526

FILED
Apr 19, 2007
Secretary of State

Entity Name: INDIALANTIC YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 33612
INDIALANTIC, FL 32903

New Principal Place of Business:

1050 NORTH PALM AVE
ATTN.: INDIALANTIC SOCCER YOUTH SOCCER
INDIALANTIC, FL 32903

Current Mailing Address:

PO BOX 33612
INDIALANTIC, FL 32903 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

OLIVER, GLENN D TREASUR
463 RIO CASA DRIVE, N
INDIALANTIC, FL 32903 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: PRES () Delete
Name: STORUM, LEW
Address: 140 LEE STREET
City-St-Zip: INDIALANTIC, FL 32903

Title: VP () Delete
Name: JENKINS, GLEN V PRESI
Address: 115 OCEAN TERRACE
City-St-Zip: INDIALANTIC, FL 32903

Title: SEC () Delete
Name: FISHER, CHRIS SECRATA
Address: 212 12 TERRACE
City-St-Zip: INDIALANTIC, FL 32903

Title: REGI () Delete
Name: STORUM, PAULA REGISTE
Address: 140 LEE STREET
City-St-Zip: INDIALANTIC, FL 32903

Title: TRES () Delete
Name: OLIVER, GLENN TRESURE
Address: 463 RIO CASA DRIVE, N
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WILSON, MARK V PRESI
Address: 225 MIAMI AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: SEC (X) Change () Addition
Name: JOHN, YANAS SECRATA
Address: 231 SAND PINE ROAD
City-St-Zip: INDIALANTIC, FL 32903

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 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

04/19/2007

Electronic Signature of Signing Officer or Director

Date