

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001630	
1. Entity Name SUWANNEE VALLEY YOUTH SOCCER, INC.	
Principal Place of Business 105 N. OHIO AVE. LIVE OAK, FL 32064	Mailing Address PO BOX 930 LIVE OAK, FL 32064



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0181634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PREVATT, JAMES W JR
105 N. OHIO AVE.
LIVE OAK, FL 32064**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000208279
02/01/05-90080-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BRAD 14544 96TH PL. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JON 8457 127TH DR. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREVATT, JAMES W JR 8886 141ST LN. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, DONNA PO BOX 175 MCALPIN, FL 32062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNER, BILL 6571 CR 136-A LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradford C Lewis Pres. 1/28/05 386-362-5712

Date

Daytime Phone #