

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002909

FILED
Jul 07, 2005
Secretary of State

Entity Name: NICEVILLE AREA SOCCER CLUB, INC.

Current Principal Place of Business:

P.O. BOX 863
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 863
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 81-0547482 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:

WONSICK, KIM
1820 HUNTINGTON ROAD
NICEVILLE, FL 32578 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: P () Delete
Name: MCPHERSON, CARL
Address: 431 MARTINIQUE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: R () Delete
Name: BERNIER, JOANNA
Address: 1752 NANCY WARD COVE
City-St-Zip: NICEVILLE, FL 32578

Title: S () Delete
Name: MCKINNEY, DEBBY
Address: 120 DARRELL CT.
City-St-Zip: FREEPORT, FL 32439

Title: V () Delete
Name: LAMPMAN, GREG
Address: 115 OVERVIEW DR.
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: R (X) Change () Addition
Name: HALBERT, FRANK
Address: 1739 BOLTON VILLAGE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: S (X) Change () Addition
Name: YOCKEY, ELIZABETH
Address: 4021 BOND CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Change () Addition
Name: ANDERSON, TIMOTHY
Address: 4509 SOUTH BRISTOL COURT
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL MCPHERSON

P

07/07/2005

Electronic Signature of Signing Officer or Director

Date