

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002909

FILED  
May 08, 2007  
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:

4509 SOUTH BRISTOL CT  
NICEVILLE, FL 32578

## 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: ESCHBACH, WILLIAM  
Address: 269 OLDE POST ROAD  
City-St-Zip: NICEVILLE, FL 32578

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

Title: S ( ) Delete  
Name: LAMPMAN, GREG  
Address: 115 OVERVIEW DRIVE  
City-St-Zip: CRESTVIEW, FL 32538

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TIMOTHY C ANDERSON

T

05/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date