## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004406

APPF(())//-! 04-25-200790171 013 \*\*\*\* 70.00 FILED

07 MAY 11 PM 3: 06

1. Entity Name CHARLOTTE COUNTY SOCCER FEDERATION, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
23369 MCQUEENEY AVE. 233			Mailing Address 23369 MCQUEENEY AV PORT CHARLOTTE, FL			1 1 <b>2 2</b> 11 <b>2</b> 1	i Shi a shika a	III PRII ARIN R			
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc. S			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E0	37 (12/06)		
			City & State			4. FEI Number NOT API	PLICABLE	-		optied For ot Applicable	
Zip			Zip	Country			of Status Desired	9	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent						7. Name and a	Address of New F	Registered	Agent		
SOLOMAN, RICHARD MOSS 23369 MCQUEENEY AVE.				<u> </u>	Street Address (P.O. Box Number is Not Acceptable)						
PORT CHARLOTTE, FL 33980											
				City	'   FL   "" "						
8. The above the obligat	named entity sub tions of registered	omits this statement for Lagent.	the purpose of changing its	registered office o	r registere	ed agent, or both	n, in the State of Fi	orida. I am	lamillar with,	and accept	
SIGNATURE .		rited name of registered agent a	and title if applicable. (NCT		<del></del>	·					
			***************************************	E: Registered Agent signa	rue lédrité()	when reinstating)		DATE			
:	Filing Fee Is Due by May	\$61.25	9. Election Car	mpaign Financing Contribution.		\$5.00 May Be Added to Fees		take check	x payable to		
10.	Filing Fee Is Due by May	\$61.25	9. Election Cal Trust Fund (	mpaign Financing	0	\$5.00 May Be Added to Fees		take checi rida Depar	tment of S	tate	
TITLE	Filing Fee to Due by May	\$61.25 1, 2007 OFFICERS AND DIF	9. Election Cal Trust Fund (	mpaign Financing Contribution.	0	\$5.00 May Be Added to Fees	Flo	take checi rida Depar	tment of S	tate	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 prirustee 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 en address, with all other like empowered.

SIGNATURE:

NW RICHARD MOSS-SOLDANON

4-19-07 (941) 628-0923

ecument corrected per Richard moss-solonon. De