

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
04-25-2007 90171 013 ****70.00
FILED

07 MAY 11 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

DOCUMENT # N02000004406 1. Entity Name CHARLOTTE COUNTY SOCCER FEDERATION, INC.					
Principal Place of Business 23369 MCQUEENEY AVE. PORT CHARLOTTE, FL 33980				Mailing Address 23369 MCQUEENEY AVE. PORT CHARLOTTE, FL 33980	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMAN, RICHARD MOSS 23369 MCQUEENEY AVE. PORT CHARLOTTE, FL 33980				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	NAME <input type="checkbox"/> Delete				
NAME	SOLOMAN, RICHARD MOSS				
STREET ADDRESS	23369 MCQUEENEY AVE.				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980				
TITLE	NAME <input checked="" type="checkbox"/> Delete				
NAME	SCHLANGER, BILL				
STREET ADDRESS	973 DOBELL TERRACE				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948				
TITLE	NAME <input checked="" type="checkbox"/> Delete				
NAME	IMPRASERT, NICK				
STREET ADDRESS	757 CRESTVIEW CIRCLE NW				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	MCBEE, JODI				
STREET ADDRESS	168 HARRISBURG ST				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	CAHUSAC, PHILIP V/D				
STREET ADDRESS	26068 SALONIKA LANE				
CITY-ST-ZIP	PUNTA GORDA, FL 33980				
TITLE	NAME <input type="checkbox"/> Delete				
NAME	MCBEE, SELDA				
STREET ADDRESS	4178 LIBRARY ST				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	REGISTRAR DIRECTOR				
STREET ADDRESS	NORA FABER				
CITY-ST-ZIP	22088 BRONXVILLE AVE				
	PORT CHARLOTTE, FL 33952				
TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	TREASURER				
STREET ADDRESS	JIM YOUNG				
CITY-ST-ZIP	89 MANIZAKS AVE				
	PUNTA GORDA, FL 33983				
TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DIRECTOR				
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing 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 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: <i>Richard Moss-Solomon</i> RICHARD MOSS-SOLOMAN 4-19-07 (94) 628-0923 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Document corrected per Richard Moss-Solomon. JS