


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90029 046 \*\*\*\*70.00

<b>DOCUMENT # N02000004406</b>	
1. Entity Name <b>CHARLOTTE COUNTY SOCCER FEDERATION, INC.</b>	

Principal Place of Business <b>23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980 US</b>	Mailing Address <b>23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980 US</b>
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40040251



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. <b>26068 SALONIKA LN.</b>	Suite, Apt. #, etc. <b>26068 SALONIKA LN.</b>
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City & State <b>PUNTA GORDA, FL</b>	City & State <b>PUNTA GORDA, FL</b>
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Zip <b>33983</b>	Country <b>CHARLOTTE</b>	Zip <b>33983</b>	Country <b>CHARLOTTE</b>
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02042008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SOLOMAN, RICHARD MOSS 23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980</b>	
7. Name and Address of New Registered Agent Name <b>CAHUSAC, PHILIP</b> Street Address (P.O. Box Number is Not Acceptable) <b>26068 SALONIKA LANE</b> City <b>PUNTA GORDA</b> FL Zip Code <b>33983</b>	

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: <i>Philip Cahusac</i> <b>PHILIP CAHUSAC</b> <b>PRESIDENT</b> <b>2-20-08</b> (NOTE: Registered Agent signature required when reinstating) DATE	
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete <b>SOLOMAN, RICHARD MOSS 23369 MCQUEENEY AVE PORT CHARLOTTE, FL 33980</b>	TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SOLOMAN, RICHARD MOSS</b>		NAME <b>CAHUSAC, PHILIP</b>	
STREET ADDRESS <b>23369 MCQUEENEY AVE</b>		STREET ADDRESS <b>26068 SALONIKA LANE</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33980</b>		CITY-ST-ZIP <b>PUNTA GORDA, FL 33983</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>FABER, NORA</b>	TITLE <b>PARTIAL VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FABER, NORA</b>		NAME <b>PAUL COUTO</b>	
STREET ADDRESS <b>22088 BRONXVILLE AVE</b>		STREET ADDRESS <b>17489 MARCEY AVE</b>	
CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33952</b>		CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33948</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>YOUNG, JIM</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YOUNG, JIM</b>		NAME	
STREET ADDRESS <b>89 MANIZAKS AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA, FL 33983</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>MCBEE, JODI</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCBEE, JODI</b>		NAME	
STREET ADDRESS <b>168 HARRISBURG ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33954</b>		CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> Delete <b>CAHUSAC, PHILIP</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CAHUSAC, PHILIP</b>		NAME	
STREET ADDRESS <b>26068 SALONIKA LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PUNTA GORDA, FL 33980</b>		CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>MCBEE, SELDA</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCBEE, SELDA</b>		NAME	
STREET ADDRESS <b>4178 LIBRARY ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PORT CHARLOTTE, FL 33948</b>		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.	
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SIGNATURE: <i>Philip Cahusac</i> <b>PHILIP CAHUSAC</b> <b>2-20-08</b> <b>(941) 743-5377</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #