2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007373

FILED Jan 10, 2007 Secretary of State

Entity Name: FLAGLER COUNTY YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 350317 PALM COAST, FL 32135				WADSWORTH PARK FLAGLER BCH, FL 32136			
Current Mailing Address:				New Mailing Address:			
P.O. BOX : PALM COA	350317 AST, FL 3213	5					
FEI Number: 59-3074942 FEI Number Applied For() FEI N				umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of (Current Registered /	Agent:	Name and	Address of No	ew Registere	ed Agent:
9 EISENH	LI, JAMES OWER PLACE AST, FL 3216						
	named entity e of Florida.	submits this statemer	nt for the purpose o	of changing it	ts registered of	fice or registe	red agent, or both,
SIGNATUF	RE:						
	Electro	nic Signature of Regis	stered Agent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD (TOTH, ERNES 37 BANNBURY PALM COAST,	'LANE		Title: Name: Address: City-St-Zip:	()	Change () Addi	tion
Title: Name: Address: City-St-Zip:	VD (MITCHELL, BE 15 BUTTERFIE PALM COAST,	ELD DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addi	tion
Title: Name: Address: City-St-Zip:	TD (CIMORELLI, J. 9 EISENHOWE PALM COAST,	ER PLACE		Title: Name: Address: City-St-Zip:	()	Change () Addi	tion
Title: Name: Address: City-St-Zip:	D (MONSANTO, F 116 WESTGRI PALM COAST,	LL DRIVE		Title: Name: Address: City-St-Zip:	D (X) MONSANTO, SO 116 WESTGRILI PALM COAST, F	_ DR	ition
Title: Name: Address: City-St-Zip:	FERGUSON, E 136 AUALON A			Title: Name: Address: City-St-Zip:	()	Change () Addi	tion

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES CIMORELLI TD 01/10/2007