2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007779

Entity Name: COCONUT CREEK SOCCER, INC.

Feb 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5005 NW 39TH AVE COCONUT CREEK, FL 330735039 **Current Mailing Address: New Mailing Address:** 5005 NW 39TH AVE COCONUT CREEK, FL 330735039 FEI Number: 32-0037831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, STEVEN M ANDERSON, STEVEN M 4284 NW 56 DRIVE 4284 NW 56 DRIVE POMPANO BEACH, FL 33073 US COCONUT CREEK, FL 33073 US 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: STEVEN M. ANDERSON 02/27/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ANDERSON, STEVEN Name: Name: 5005 NW 39TH AVE Address: Address: City-St-Zip: COCONUT CREEK, FL 330735039 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: KAPLAN, LEE Name: TORCHIO, DAN Address: 5005 NW 39TH AVE Address: 5005 NW 39TH AVE City-St-Zip: COCONUT CREEK, FL 330735039 City-St-Zip: COCONUT CREEK, FL 330735039 Title: () Delete Title: () Change () Addition SIMPSON, JOHN Name: Name: 5005 NW 39TH AVE Address: Address: City-St-Zip: COCONUT CREEK, FL 330735039 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WOLF, SHERI Name: 5005 NW 39TH AVE Address: Address: City-St-Zip: COCONUT CREEK, FL 330735039 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition LEVINGER, TINA SMINCHAK, JASON Name: Name: 5005 NW 39TH AVE 5005 NW 39TH AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

COCONUT CREEK, FL 330735039

SIGNATURE: STEVEN ANDERSON D 02/27/2004

COCONUT CREEK, FL 330735039

City-St-Zip: