2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000005076

Entity Name: NATURE COAST SOCCER LEAGUE, INC.

Current Principal Place of Business:

5209 N RED RIBBON PT
BEVERLY HILLS, FL 34465 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 455
HOLDER, FL 34445 US

New Mailing Address:

FEI Number: 20-0152142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOWARD, EILEEN
5209 N RED RIBBON PT
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FAGAN, KEVIN D	
Address:	11441 CAMP DRIVE	
City-St-Zip:	DUNNELLON, FL 34432 US	
Title:	D	( ) Delete
Name:	FAGAN, NANCY	
Address:	11441 CAMP DRIVE	
City-St-Zip:	DUNNELLON, FL 34432 US	
Title:	D	( ) Delete
Name:	HOWARD, EILEEN	
Address:	5209 N RED RIBBON PT	
City-St-Zip:	BEVERLY HILLS, FL 34465 US	
Title:	D	( ) Delete
Name:	TOWNE, KEVIN	
Address:	2122 E ALHAMBRA DR	
City-St-Zip:	CITRUS SPRINGS, FL 34434 US	
Title:	D	( ) Delete
Name:	REILAND, CINDY	
Address:	1384 N CASTLELAND TERR	
City-St-Zip:	LECANTO, FL 34461 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: EILEEN HOWARD D 04/30/2009
Electronic Signature of Signing Officer or Director — Date