

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005589

FILED
Apr 19, 2007
Secretary of State

Entity Name: CALLAHAN YOUTH SOCCER CLUB, INC

Current Principal Place of Business:

PO BOX 1425
CALLAHAN, FL 32011 US

New Principal Place of Business:

34076 BALL PARK ROAD
CALLAHAN, FL 32011 US

Current Mailing Address:

PO BOX 1425
CALLAHAN, FL 32011 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEDSOLE, DAVID B
61544 RIVER RD.
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

GILLIS, BONNIE
54070 LEM TURNER RD.
CALLAHAN, FL 32011 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: BONNIE GILLIS

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEDSOLE, DAVID B
Address: 61544 RIVER RD.
City-St-Zip: CALLAHAN, FL 32011 US

Title: V () Delete
Name: FEDDERLY, TONY
Address: 45223 BISMARCK RD.
City-St-Zip: CALLAHAN, FL 32011 US

Title: T () Delete
Name: EASON, DEBI
Address: 34361 BALLPARK RD.
City-St-Zip: CALLAHAN, FL 32011 US

Title: S () Delete
Name: JONES, WENDY
Address: 43311 RATLIFF RD.
City-St-Zip: CALLAHAN, FL 32011 US

Title: D (X) Delete
Name: GILLIS, BONNIE
Address: 54070 LEM TURNER RD.
City-St-Zip: CALLAHAN, FL 32011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILLIS, BONNIE
Address: 54070 LEM TURNER RD.
City-St-Zip: CALLAHAN, FL 32011 US

Title: V (X) Change () Addition
Name: WOOD, CHRIS
Address: PO BOX 1425
City-St-Zip: CALLAHAN, FL 32011 US

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 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: DEBI EASON

MRS

04/19/2007

Electronic Signature of Signing Officer or Director

Date