2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005589

Entity Name: CALLAHAN YOUTH SOCCER CLUB, INC

FILED Mar 01, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

34076 BALL PARK ROAD CALLAHAN, FL 32011 US

Current Mailing Address: New Mailing Address:

PO BOX 1425

CALLAHAN, FL 32011 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILLIS, BONNIE

54070 LEM TURNER RD.

CALLAHAN, FL 32011 US

WOOD, CHRISTOPHER M PRES.
45328 BISMARK 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: CHRISTOPHER M. WOOD 03/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:GILLIS, BONNIEName:WOOD, CHRISTOPHER MAddress:54070 LEM TURNER RD.Address:45328 BISMARK RD.

Address: 54070 LEM TURNER RD. Address: 45328 BISMARK RD. City-St-Zip: CALLAHAN, FL 32011 US City-St-Zip: CALLAHAN, FL 32011 US

Title: V () Delete Title: V (X) Change () Addition Name: WOOD, CHRIS Name: HOOD, DONALD D

 Name.
 WOOD, CHRIS
 Name.
 HOOD, DONALD D

 Address:
 PO BOX 1425
 Address:
 P.O.BOX 831

 City-St-Zip:
 CALLAHAN, FL 32011 US
 City-St-Zip:
 CALLAHAN, FL 32011 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 EASON, DEBI
 Name:
 TANYA, NORRIS S

 Address:
 34361 BALLPARK RD.
 Address:
 36144 PRATTSIDING RD.

 City-St-Zip:
 CALLAHAN, FL 32011 US
 City-St-Zip:
 CALLAHAN, FL 32011 US

Title: S (X) Delete Title: () Change () Addition

 Name:
 JONES, WENDY
 Name:

 Address:
 43311 RATLIFF RD.
 Address:

 City-St-Zip:
 CALLAHAN, FL 32011 US
 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: DONALD D. HOOD VP 03/01/2008