

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009008

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** BREVARD YOUTH SOCCER LEAGUE, INC.

**Current Principal Place of Business:**

427 HEATHROW CIRCLE  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 INDIAN RIVER BOULEVARD  
SUITE A 210  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 59-3085769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BOULEVARD  
SUITE A 210  
VERO BEACH, FL 32960 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:** P  
**Name:** GETMAN, BRIAN  
**Address:** 427 HEATHROW CIRCLE  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**Title:** VP  
**Name:** RAPPEL, ROBERT  
**Address:** 1515 INDIAN RIVER BLVD. STE A-210  
**City-St-Zip:** VERO BEACH, FL 32960 US

**Title:** T  
**Name:** SASSMAN, STEVE  
**Address:** 208 NEMO CIRCLE, NE  
**City-St-Zip:** PALM BAY, FL 32907 US

**Title:** S  
**Name:** BALDWIN, ROBERT  
**Address:** 402 ANCHOR KEY  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 US

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT RAPPEL, D.O., J.D.

MMG

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date