


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000001	
1. Entity Name AMERICAN SOCCER CLUB OF PENSACOLA INC.	

Principal Place of Business 955 VESTAVIA WAY GULF BREEZE, FL 32563	Mailing Address 955 VESTAVIA WAY GULF BREEZE, FL 32563
--	--

DO NOT WRITE IN THIS SPACE

04072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 90-0142870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARDOSO, FRANCISCO JR
955 VESTAVIA WAY
GULF BREEZE, FL 32563

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARDOSO, FRANCISCO JR 955 VESTAVIA WAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOER, LARITZA C 955 VESTAVIA WAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HOER, FRANCISCA C 955 VESTAVIA WAY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UN0000300159
04/12/05-80010-006 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **APRIL 07 - 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #