


**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 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARDOSO, FRANCISCO JR
955 VESTAVIA WAY
GULF BREEZE, FL 32563

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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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/12/05-80010-006 70.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 07 - 2005 _____
Date Daytime Phone #