## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400006646

FILED Sep 01, 2005 Secretary of State

Entity Name: MIRAMAR LIONS BOYS AND GIRLS SOCCER CLUB, INC

urrent P	Principal Place of Business:	New Princ	cipal Place of Business:
	22ND STREET R, FL 33025		
urrent M	Mailing Address:	New Mail	ng Address:
	22ND STREET R, FL 33025		
	r: 30-0105425	El Number Not App eive the prior notic	
ame and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:
753 ARB	DD, LATASHA FOR DRIVE R, FL 33023 US		
	e named entity submits this statement for the purpo e of Florida.	ose of changing	its registered office or registered agent, or bo
the State	e of Florida.	ose of changing	its registered office or registered agent, or bo
the State	e of Florida.	ose of changing	its registered office or registered agent, or bo Date
the State	e of Florida. RE:		
the State IGNATUI  FFICER: tle: ame: ddress:	RE:  Electronic Signature of Registered Agent		Date
the State IGNATUI  FFICER: ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida.  RE:  Electronic Signature of Registered Agent  S AND DIRECTORS:  PD () Delete MYERS, RODNEY 8473 SW 22ND STREET	ADDITION Title: Name: Address:	Date NS/CHANGES TO OFFICERS AND DIRECT
the State	Electronic Signature of Registered Agent  S AND DIRECTORS:  PD () Delete MYERS, RODNEY 8473 SW 22ND STREET MIRAMAR, FL 33025 US  VPD () Delete BRANDON, EVELIS 3410 NW 170TH STREET	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date  NS/CHANGES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition  VPD (X) Change ( ) Addition  THOMPSON, JACQUELINE 3231 NW 177 TERRACE

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RODNEY MYERS PD 09/01/2005