

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006351

FILED  
Jun 04, 2006  
Secretary of State

**Entity Name:** STRONG ISLAND LACROSSE COALITION INC.

**Current Principal Place of Business:**

8655 DANFORTH DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

8655 DANFORTH DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 20-3036101      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DINDA, FRANK S  
Address: 2864 FALLING TREE CIRCLE  
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete  
Name: DINDA, DOROTHY A  
Address: 8655 DANFORTH DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: NOONE, MATTHEW B  
Address: 110 S HIGH STREET  
City-St-Zip: FOXBORO, MA 02035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK S. DINDA

MR

06/04/2006

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

\_\_\_\_\_  
Date