2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09981

FILED Jan 16, 2009 Secretary of State

Entity Name: MANASOTA SOCCER REFEREES ASSOCIATION, INC.

Current F	Principal Place o	of Business:	New Principal Place	e of Business:
6624 KIMI SARASO	LINDA ΓA, FL 34243			
Current N	lailing Address	:	New Mailing Addre	ss:
6624 KIMI SARASO	LINDA FA, FL 34243			
FEI Numbei	: 46-6401612	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
	ASSAR LINDA LANE FA, FL 34243	US		
	e named entity su e of Florida.	ıbmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
	e of Florida.	ıbmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,
n the Stat	e of Florida.	ubmits this statement for the posterior statement for the		ed office or registered agent, or both, Date
in the Stat	e of Florida.	c Signature of Registered Age	ent	
in the Stat	e of Florida. RE: Electronic S AND DIRECTO	c Signature of Registered Ago ORS: Delete RGE T CT	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic S AND DIRECTO TD () E WANDALL, GEOF 4841 EDGEMON SARASOTA, FL	© Signature of Registered Ago ORS: Delete RGE T CT 34233 Delete	ent ADDITIONS/CHANC Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS
n the Stat SIGNATU OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida. RE: Electronic S AND DIRECTO TD () D WANDALL, GEOF 4841 EDGEMONT SARASOTA, FL 3 PD () D NASSAR, LUTFI 6624 KIMLINDA L SARASOTA, FL 3	© Signature of Registered Age ORS: Delete RGE T CT 34233 Delete _ANE 34243 Delete V	ent ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE H. WANDALL TR 01/16/2009