

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11030

Entity Name: TITUSVILLE SOCCER CLUB, INC.

FILED
Jan 18, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 683
TITUSVILLE, FL 32781

New Principal Place of Business:

Current Mailing Address:

PO BOX 683
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 59-2846839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAYLESS,, JOAN
1754 POINCIANA CIR.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

CONE, GEOFF
3305 LISA DRIVE
MIMS, FL 32754 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: GEOFF CONE

01/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BAYLESS, JOAN
Address: 1754 POINCIANA CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

Title: VPD () Delete
Name: BARETTA, JOSEPH
Address: 4575 HELENA DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: KATHLEEN, ROWAN
Address: 3724 SOUTH RIDGE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CONE, GEOFF
Address: 3305 LISA DRIVE
City-St-Zip: MIMS, FL 32754

Title: VPD (X) Change () Addition
Name: BARRETTA, JOSEPH
Address: 4575 HELENA DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: TD (X) Change () Addition
Name: KATHLEEN, ROWAN
Address: 3707 SOUTH RIDGE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796

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: GEOFF CONE

PD

01/18/2004

Electronic Signature of Signing Officer or Director

Date