

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11030

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** TITUSVILLE SOCCER CLUB, INC.

**Current Principal Place of Business:**

1603 SNOWY EGRET DRIVE  
TITUSVILLE, FL 32796

**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:**

HINCHMAN, RICHARD  
59 FAIRGLEN DR  
TITUSVILLE, FL 32796 US

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

KRISINGHA, GAYLE  
4080 ALPINE LANE  
TITUSVILLE, FL 32780 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: GAYLE KRISINGHA

01/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HINCHMAN, RICHARD  
Address: 59 FAIRGLEN DR  
City-St-Zip: TITUSVILLE, FL 32796

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

Title: TD ( ) Delete  
Name: CONE, GEOFFREY  
Address: 3305 LISA DR  
City-St-Zip: MIMS, FL 32754

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

Title: PD (X) Change ( ) Addition  
Name: KRISINGHA, GAYLE  
Address: 4080 ALPINE LANE  
City-St-Zip: TITUSVILLE, FL 32780

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 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: GEOFFREY CONE

TD

01/03/2008

Electronic Signature of Signing Officer or Director

Date