

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13220

Entity Name: INDIAN RIVER SOCCER ASSOCIATION, INC.

FILED
Jan 13, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 650611
VERO BEACH, FL 329657611

New Principal Place of Business:

P.O. BOX 650611
VERO BEACH, FL 329650611

Current Mailing Address:

P.O. BOX 650611
VERO BEACH, FL 329657611

New Mailing Address:

P.O. BOX 650611
VERO BEACH, FL 329650611

FEI Number: 59-2654810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, PAUL A
2926 PIPER DRIVE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: POLK, BENJAMIN
Address: 515 GREYTWIG RD
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: NEWMAN, PAUL A
Address: 2926 PIPER DR
City-St-Zip: VERO BEACH, FL 32960

Title: PD () Delete
Name: CLARK-JONES, VICTORIA
Address: 694 14TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: DEAL, SCOTT
Address: 5207 INDUSTRIAL 29TH ST
City-St-Zip: FORT PIERCE, FL 34946

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:

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 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: PAUL A NEWMAN

TD

01/13/2004

Electronic Signature of Signing Officer or Director

Date