


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # N15816 1. Entity Name SOUTHSIDE YOUTH SOCCER LEAGUE, INC.		
Principal Place of Business 4905 34TH ST. S. #244 ST. PETERSBURG, FL 33711	Mailing Address 4905 34TH ST. S. #244 ST. PETERSBURG, FL 33711	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent D'ALESSANDRO, SUZANNE 1618 PINELLAS POINT DR SOUTH SAINT PETERSBURG, FL 33712		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Suzanne D'Alessandro, Treasurer SYSL</u> 1.30.07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHTBILL, PATRICIA 5900 9TH ST SOUTH SAINT PETERSBURG, FL 33707	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALESSANDRO, SUZANNE 1618 PINELLAS POINT DR. SOUTH SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EFFIOM, CLAUD 4760 NEPTUNE DRIVE SAINT PETERSBURG, FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Suzanne D'Alessandro</u> 1.30.07 941.742.2504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01272007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2803965	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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02/09/07-80063-004 70.00