


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90031 040 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 2001 Country Club Way Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State St Petersburg FL			City & State		
Zip 33712		Country USA		4. FEI Number 59-2803965	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent D'ALESSANDRO, SUZANNE 1618 PINELLAS POINT DR SOUTH SAINT PETERSBURG, FL 33712			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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</u> <u>Suzanne D'Alessandro</u> <u>7.21.08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHTBILL, PATRICIA <input type="checkbox"/> Delete 5900 9TH ST SOUTH SAINT PETERSBURG, FL 33707				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALESSANDRO, SUZANNE <input type="checkbox"/> Delete 1618 PINELLAS POINT DR. SOUTH SAINT PETERSBURG, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EFFIOM, CLAUD <input type="checkbox"/> Delete 4760 NEPTUNE DRIVE SAINT PETERSBURG, FL 33705				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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> <u>Suzanne D'Alessandro</u> <u>7.21.08</u> <u>727.742.9727</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					