

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19049

FILED
Apr 30, 2009
Secretary of State

Entity Name: CAPITAL SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

330 THOMAS BUTLER ROAD
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10813
TALLAHASSEE, FL 323022813 US

New Mailing Address:

FEI Number: 59-2809388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIC, LIPMAN
330 THOMAS BUTLER ROAD
TALLAHASSEE, FL 32308 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: P () Delete
Name: LIPMAN, ERIC
Address: 330 THOMAS BUTLER ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VP () Delete
Name: NEWMAN, PETER
Address: 1901 WELLS STREET
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TRS () Delete
Name: WIGEN, ROBERT
Address: 2004 LAMBERT LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: SEC () Delete
Name: KOCH, KRISTA
Address: 6839 CHISHOLM COURT E
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: DIR () Delete
Name: OHLSEN, MICHAEL
Address: 146 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: DIR () Delete
Name: WATSON, ADAM
Address: 3316 GALLANT FOX TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: ROBERT WIGEN

TREA

04/30/2009

Electronic Signature of Signing Officer or Director

Date