## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28354

FILED Jul 05, 2004 Secretary of State

Entity Name: FLORIDA UNITED GIRLS SOCCER ASSOCIATION, INC.

Current P	Principal Place of Business:	New Principal Place of I	Business:
	105 TERR PRINGS, FL 33065		
Current N	lailing Address:	New Mailing Address:	
	105 TERR PRINGS, FL 33065		
FEI Number	:: 65-0057398 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Current Registered Agent:	: Name and Address of N	ew Registered Agent:
	NE 105 TERR PRINGS, FL 33065 US		
		he purpose of changing its registered of	fice or registered agent, or both
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered of	mee or regional agent, or boun,
n the State	e of Florida. * RE:		
n the State	e of Florida.		Date
n the State	e of Florida. * RE:	Agent	
n the State  SIGNATUI  DFFICER:  Title:  Name:  Address:	e of Florida.  RE:  Electronic Signature of Registered	Agent  ADDITIONS/CHANGES	Date
n the State BIGNATUI  DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  SD () Delete  MAGLI, BARBARA,  840 SW 49TH TERRACE	Agent  ADDITIONS/CHANGES  Title: ( ) Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTOR
n the State	e of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  SD () Delete  MAGLI, BARBARA, 840 SW 49TH TERRACE  MARGATE, FL  PD () Delete  RAY, DIANE, 2660 NW 105TH TERRACE	Agent  ADDITIONS/CHANGES  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:	Date TO OFFICERS AND DIRECTORS Change ( ) Addition

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: DIANE RAY PD 07/05/2004