


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N34175 1. Entity Name FLORIDA WEST COAST COLLEGIATE SOCCER OFFICIALS ASSOCIATION, INC.	
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Principal Place of Business 6606 REEF CIRCLE TAMPA, FL 33625 US	Mailing Address 6606 REEF CIRCLE TAMPA, FL 33625 US
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04092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988491	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MEKELBURG, SR, MICHAEL J 6606 REEF CIRCLE TAMPA, FL 33625
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARHOLA, MARK 5317 NORTHDAL BLVD TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEKELBURG, SR, MICHAEL J 6606 REEF CIRCLE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPKINS, SCOTT 8205 QUAIL RUN DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VARS, JAMES 4723 LAWN AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/06-80128-018 70.00

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 another like empowered.

SIGNATURE: <u>Michael J. Mekelburg Sr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-9-06 <small>Date</small>	813-973-4425 <small>Daytime Phone #</small>
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