

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N34175

1. Entity Name
**FLORIDA WEST COAST COLLEGIATE SOCCER
OFFICIALS ASSOCIATION, INC.**



Principal Place of Business
**3504 HOLLOW OAK PLACE
BRANDON, FL 33611 US**

Mailing Address
**3504 HOLLOW OAK PLACE
BRANDON, FL 33611 US**



04282008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2988491

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOPKINS, SCOTT
3504 HOLLOW OAK PLACE
BRANDON, FL 33611**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937614
05/27/08-80058-014 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERRY, BRIAN 8518 POYDRAS LANE TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOPKINS, SCOTT 3504 HOLLOW OAK PLACE BRANDON, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, BOBBY 614 LAKEMONT DR BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, PHIL P.O. BOX 6751 BRANDON, FL 33508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Scott R. Hopkins **Scott R. Hopkins**

04/28/08

813-245-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #