2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40483

FILED Jul 07, 2005 Secretary of State

Entity Name: COCONUT CREEK SOCCER CLUB, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	39TH AVENUE T CREEK, FL 330735039		
urrent N	lailing Address:	New Maili	ing Address:
	56 DRIVE T CREEK, FL 33073		
accordan	: 59-2831466 FEI Number Applied For() FEI I nce with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:	-	
NDERSO	DN, STEVEN 56 DRIVE T CREEK, FL 33073 US	Nume une	Address of New Registered Agent.
	e named entity submits this statement for the purpose of Florida.	e of changing	its registered office or registered agent, or both
GNATU	RE:		
	Electronic Signature of Registered Agent		Date
FFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
e: me: dress: y-St-Zip:	D () Delete ANDERSON, STEVEN 5005 NW 39TH AVENUE COCONUT CREEK, FL 330735039	Title: Name: Address: City-St-Zip:	() Change () Addition
y Ot Zip.			
e: me: dress: y-St-Zip:	D () Delete SIMPSON, JOHN 5005 NW 39TH AVENUE COCONUT CREEK, FL 330735039	Title: Name: Address: City-St-Zip:	() Change () Addition
e: ne: dress: y-St-Zip: e: ne: dress:	SIMPSON, JOHN 5005 NW 39TH AVENUE	Name: Address:	() Change () Addition () Change () Addition
e: me: dress:	SIMPSON, JOHN 5005 NW 39TH AVENUE COCONUT CREEK, FL 330735039 D () Delete KAPLAN, LEE 5005 NW 39TH AVENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
e: ne: lress: -St-Zip: e: ne: lress: -st-Zip: e: lress: -st-Zip: e: ne:	SIMPSON, JOHN 5005 NW 39TH AVENUE COCONUT CREEK, FL 330735039 D () Delete KAPLAN, LEE 5005 NW 39TH AVENUE COCONUT CREEK, FL 330735039 D () Delete WOLF, SHERI 5005 NW 39TH AVENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition D (X) Change () Addition OLISCHA, CHERRIELYNN 5005 NW 39TH AVENUE

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: STEVEN ANDERSON RA 07/07/2005