

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2006
Secretary of State**

DOCUMENT# N45156

Entity Name: FIRST COAST SOCCER, INC.

Current Principal Place of Business:

PO BOX 57065
JACKSONVILLE, FL 32241 US

New Principal Place of Business:

PO BOX 57065
JACKSONVILLE, FL 322417065 US

Current Mailing Address:

PO BOX 57065
JACKSONVILLE, FL 32241 US

New Mailing Address:

FEI Number: 59-3090428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST.
JACKSONVILLE, FL 32202 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: TD () Delete
Name: EPHREM, VICTOR L
Address: 3901 ALCAZAR AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPAD () Delete
Name: HARDINGTON, IAN
Address: 933 MAPLE LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: P () Delete
Name: BARTHOLOMEW, SCOTT
Address: 1011 ARBOR LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: VICKERS, NANCY
Address: 6333 WOOD VALLEY ROAD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: VICTOR L. EPHREM

TD

01/16/2006

Electronic Signature of Signing Officer or Director

Date