

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48546

FILED  
Aug 23, 2006  
Secretary of State

**Entity Name:** MELBOURNE BEACH SOCCER CLUB, INC.

**Current Principal Place of Business:**

P.O. BOX 511012  
MELBOURNE BEACH, FL 32951

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 511012  
MELBOURNE BEACH, FL 32951

**New Mailing Address:**

**FEI Number:** 59-2433084      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMMEE, JULIE  
411 NIKOMAS WAY  
MELBOURNE BEACH, FL 32951      US

**Name and Address of New Registered Agent:**

SMITH, ARLENE  
403 PENTLAND DRIVE  
MELBOURNE BEACH, FL 32951      US

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: ARLENE SMITH

08/23/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVD      ( ) Delete  
Name: FILIPSKI, JEFF  
Address: PO BOX 5110012  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TSD      ( ) Delete  
Name: WILLIAMMEE, JULIE  
Address: 411 NIKOMAS WAY  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D      ( ) Delete  
Name: SCULTHORN, GRETCHEN  
Address: 5555 SOUTH HIGHWAY A1A  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: TSD      ( ) Delete  
Name: SMITH, ARLENE  
Address: PO BOX 511012  
City-St-Zip: MELBOURNE BEACH, FL 32951

**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: TSD      (X) Change ( ) Addition  
Name: SMITH, ARLENE  
Address: 403 PENTLAND DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

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: ARLENE SMITH

TSD

08/23/2006

Electronic Signature of Signing Officer or Director

Date