

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2009  
Secretary of State**

DOCUMENT# N92000000114

Entity Name: SEBASTIAN AREA SOCCER ASSOCIATION, INC.

**Current Principal Place of Business:**

714 W. FISCHER CIRCLE  
SEBASTIAN, FL 32958 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 780742  
SEBASTIAN, FL 32978 US

**New Mailing Address:**

FEI Number: 65-0372055      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RICHTER, CORY S  
714 W. FISCHER CIRCLE  
SEBASTIAN, FL 32958 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: DP ( ) Delete  
Name: RIVIEZZO, PAT  
Address: 7880 92ND AVENUE  
City-St-Zip: VERO BEACH, FL 32967

Title: DV ( ) Delete  
Name: HENDERSON, BION  
Address: 8006 140 STREET  
City-St-Zip: SEBASTIAN, FL 32958

Title: T ( ) Delete  
Name: RICHTER, CORY  
Address: 714 W. FISCHER CIRCLE  
City-St-Zip: SEBASTIAN, FL 32958

Title: DS ( ) Delete  
Name: MAGRANE, JENNIFER  
Address: 7922 134TH STREET  
City-St-Zip: SEBASTIAN, FL 32958

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: RICHTER, CORY S  
Address: 714 W. FISCHER CIRCLE  
City-St-Zip: SEBASTIAN, FL 32958 US

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

Title: T (X) Change ( ) Addition  
Name: RICHTER, JANE M  
Address: 714 W. FISCHER CIRCLE  
City-St-Zip: SEBASTIAN, FL 32958

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

I hereby certify that the information supplied with this filing does not qualify 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: CORY S. RICHTER

DP

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date