

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000384

FILED
Apr 20, 2005
Secretary of State

Entity Name: CHRISTIAN SOCCER ASSOCIATION OF LEE COUNTY, INC.

Current Principal Place of Business:

13240 COMMERCE LAKE DR
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12521 WOOD TIMBER LANE
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 31-1622678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, ROGER
12521 WOODTIMBER LANE
FT. MYERS, FL 33913 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: PD () Delete
Name: SHERMAN, ROGER
Address: 12521 WOODTIMBER LANE
City-St-Zip: FT. MYERS, FL 33913

Title: TD () Delete
Name: FRANKLIN, ROXANN G
Address: 6749 FAIRVIEW STREET
City-St-Zip: FT. MYERS, FL 33912

Title: DP () Delete
Name: SHERMAN, KATHY
Address: 12521 WOODTIMBER LANE
City-St-Zip: FT. MYERS, FL 33913

Title: S () Delete
Name: HELSEL, LORRIE
Address: 6672 HARTLAND ST
City-St-Zip: FORT MYERS, FL 33912

Title: EVP () Delete
Name: WILKES, NADINE
Address: 1630 PINE AVE
City-St-Zip: ALVA, FL 33920

Title: VP () Delete
Name: ROEDDING, DOUG
Address: 3721 18TH ST W
City-St-Zip: LEHIGH ACRES, FL 33971

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: ROGER SHERMAN

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date