

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90002 001 ****61.25

DOCUMENT # N93000001785					
1. Entity Name SEMINOLE SHOOTING STARS SOCCER ASSOCIATION, INC.					
Principal Place of Business 9100-113TH ST N SEMINOLE, FL 33772 US			Mailing Address P.O. BOX 7917 SEMINOLE, FL 33775-7917 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3178844	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GROFF, SHEILA 10118 63RD AVENUE NORTH SEMINOLE, FL 33772			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Sheila Groff</i> <u>Sheila Groff, Secretary</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>7-17-06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROFF, SHEILA 10118 63RD AVENUE NORTH SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROUCH, JC 5280 90TH TERRACE NORTH PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMOOT, YOSHI 12157 81ST AVENUE SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORDON, CINDY 11442 86TH AVENUE SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD ELLISON, APRIL 11444 ROBERT DRIVE SEMINOLE, FL 33772	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SETTLE, RUSS 12994 86TH AVENUE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SETTLE, RUSS 12994 86TH AVENUE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SETTLE, RUSS 12994 86TH AVENUE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SETTLE, RUSS 12994 86TH AVENUE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SETTLE, RUSS 12994 86TH AVENUE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SETTLE, RUSS 12994 86TH AVENUE NORTH SEMINOLE, FL 33776	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sheila Groff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>7-17-06</u> DAYTIME PHONE # <u>888-252-5026</u>	

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07122006 Chg-NP CR2E037 (4/06)

Applied For
Not Applicable

FL Zip Code

1# 2864