

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90033 015 ****61.25

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DOCUMENT # N93000001824 1. Entity Name TALLAHASSEE SOCCER ASSOCIATION, INC.					
Principal Place of Business 1506 APAKIN NENE TALLAHASSEE, FL 32301			Mailing Address P O BOX 13026 TALLAHASSEE, FL 32317-3026		
2. Principal Place of Business - No P.O. Box # 1529 CHADWICK WAY Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State TALLAHASSEE, FL		City & State 			
Zip 32312	Country USA	Zip 	Country 	4. FEI Number 59-3186590	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BISHOP, JESSICA 1506 APAKIN NENE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name NICK CALABRO Street Address (P.O. Box Number is Not Acceptable) 3504 CARRINGTON DR. City TALLAHASSEE FL Zip Code 32303		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			NICK CALABRO, TREASURER <small>(NOTE: Registered Agent signature required when reinstating)</small>		7/23/08 <small>DATE</small>
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> <small>Trust Fund Contribution</small>		\$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	PD GREGG, KEVIN 1310 SOUTHWOOD PLANTATION RD TALLAHASSEE, FL 32311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILL ARMAGHANI 1529 CHADWICK WAY TALLAHASSEE, FL 32312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLATTERY, JENNIFER 648 E PARK AVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOE DAVIS 6408 KINGMAN TRL TALLAHASSEE, FL 32309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICK CALABRO 3504 CARRINGTON DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONGWON LEE 600 EUGENIA ST, #612 TALLAHASSEE, FL 32310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES GRAHAM 1520 PULLEN RD, #5 TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 persons empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/23/08 (850) 519-2772 <small>Date Daytime Phone #</small>		