2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N93000001989

Entity Name: TARPON SPRINGS YOUTH SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 848
TARPON SPRINGS, FL 34688 US

New Principal Place of Business:

JASMINE AVE N
TARPON SPORTS COMPLEX
TARPON SPRINGS, FL 34688 US

Current Mailing Address:

P.O. BOX 848
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-3178415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KORFIAS, THEOFILOS
548 MARAGOS ST
TARPON SPRINGS, FL 34689 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: PRES ( ) Delete
Name: KORFIAS, THEOFILOS
Address: P.O. BOX 848
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: TREA ( ) Delete
Name: POLITO, ANTHONY A
Address: P.O. BOX 848
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: COM ( ) Delete
Name: REICHERT, MICHAEL
Address: P.O. BOX 848
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: SEC ( ) Delete
Name: HAZIME, TAMMY
Address: P.O. BOX 848
City-St-Zip: TARPON SPRINGS, FL 34688 US

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
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 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: ANTHONY A. POLITO TREA 01/05/2006

Electronic Signature of Signing Officer or Director — Date