

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-24-2006 90409 021 ****61.25

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1. Entity Name
CENTRAL FLORIDA SOCCER LEAGUE, INC.



Principal Place of Business
108 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
108 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714

40055500



DO NOT WRITE IN THIS SPACE

04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2712079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTONIO LEMUS, CPA, PA
108 MARCIA DRIVE
ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOYOLA, EDDIE
STREET ADDRESS 1270 LANCELOT WAY
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE SD
NAME AMATO, AL
STREET ADDRESS 8410 MURRAY CT
CITY-ST-ZIP SANFORD, FL 32771

TITLE TD
NAME LEMUS, ANTONIO CPA
STREET ADDRESS 108 MARCIA DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio Lemus

4/14/06

Date

407-869-6366

Daytime Phone #