## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004878

Title:

Name:

Address:

City-St-Zip:

TD

GADO, PETER M

6336 N.W. 63RD WAY

PARKLAND, FL 33067

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DARKI AND SOCCED CLUB I

FILED Jan 05, 2005 Secretary of State

Entity Name: PARKLAND SOCCER CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 6336 N.W. 63RD WAY PARKLAND, FL 33067 **Current Mailing Address: New Mailing Address:** 6336 N.W. 63RD WAY PARKLAND, FL 33067 FEI Number: 65-0358094 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GADO, PETER M 6336 N.W. 63RD WAY PARKLAND, FL 33067 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GADO, LINDA Name: Name: Address: 6336 N.W. 63RD WAY Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition Name: LANTIERE, SAL Name: Address: 5708 NW 57 Address: City-St-Zip: PARKLAND, FL 33067 City-St-Zip: Title: () Delete Title: () Change () Addition GADO, PETER M Name: Name: 6336 NW 63RD WAY Address: Address: City-St-Zip: PARKLAND, FL 33067 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER GADO RA 01/05/2005

() Change () Addition