


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 026 ****61.25

DOCUMENT # N97000001362 1. Entity Name PANAMA CITY BEACH YOUTH SOCCER LEAGUE, CHARTERED					
Principal Place of Business P.O. BOX 9865 PANAMA CITY BEACH, FL 32417			Mailing Address P.O. BOX 9865 PANAMA CITY BEACH, FL 32417		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3650591				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, JAMES A 4115 NANCEE DRIVE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP		TITLE		
NAME	GARDNER, JAMES		NAME		
STREET ADDRESS	4115 NANCEE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP		
TITLE	DVP		TITLE	DVP	
NAME	IZUMI, KEN		NAME	mark m ^e Leroy	
STREET ADDRESS	107 RAZZ WAY		STREET ADDRESS	534 Beckrich Road	
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE	DT		TITLE		
NAME	TURNAGE, PAM		NAME		
STREET ADDRESS	1613 FOSTER AVE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32405		CITY-ST-ZIP		
TITLE	DS		TITLE	DS	
NAME	IZUMI, DENISE		NAME	Ken Smith	
STREET ADDRESS	107 RAZZ WAY		STREET ADDRESS	310 Fairway Blvd	
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP	Panama City Beach, FL 32407	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>J. Alan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4-11-2005</u> <small>Date</small>		
			<u>900-233-0069</u> <small>Daytime Phone #</small>		