## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2006 8:00 am Secretary of State

DOCUMENT # N9700001362  1. Entity Name PANAMA CITY BEACH YOUTH SOCCER LEAGUE, CHARTERED						05-04-2006	90207 006 **	***61.25
Principal Place P.O. BOX 98 PANAMA CIT	Mailing Address P.O. BOX 9865 PANAMA CITY BEACH,	<u> </u>						
2. Principal f	Place of Business	3. Mailing Address	<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012006	Chg-NP	CR2E037 (4/	06)	
City & State		City & State		4. FEI Number 59-3650			Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	of Status Desired		5 Additional equired
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
4115 NAN	R, JAMES A ICEE DRIVE CITY, FL 32405				(P.O. Box Number is Not Acceptable)			
			-	City			FL Zip	Code
8. The above	e named entity submits this statement fo	or the purpose of changing it	s registered	office or registe	red agent, or both	in the State of Fic		with, and accept
SIGNATURE								:
·	Signature, typed or printed name of registered agent Filling Fee is \$61.25	9. Election Ca	ımpaign Fina		\$5.00 May Be		DATE ake check paya	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund	Impaign Fina Contribution	ancing	\$5.00 May Be Added to Fees	Flor	ake check paya Ida Department	of State
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Ca Trust Fund	Impaign Fina Contribution	ancing	\$5.00 May Be Added to Fees	Flor	ake check paya Ida Department	of State RS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DI  DP GARDNER, JAMES 4115 NANCEE DRIVE PANAMA CITY, FL 32408	9. Election Ca Trust Fund RECTORS	TITLE NAME STREET / CITY-ST	ancing	\$5.00 May Be Added to Fees	Flor	ake check paya Ida Department RS AND DIRECTO	of State RS IN 10 ange
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12. I bereby 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 eath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

05.01.06 317.536.5371