


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90207 006 ****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	4. FEI Number 59-3650591	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARDNER, JAMES A 4115 NANCEE DRIVE PANAMA CITY, FL 32405			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE DP	NAME GARDNER, JAMES	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
STREET ADDRESS 4115 NANCEE DRIVE	PANAMA CITY, FL 32408		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP PANAMA CITY, FL 32408	DVP		NAME		
TITLE NAME	STREET ADDRESS 539 RECKRICH ROAD	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY BEACH, FL 32407	DT		NAME		
TITLE NAME	STREET ADDRESS 1613 FOSTER AVE	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY, FL 32405	DS		NAME		
TITLE NAME	STREET ADDRESS 310 FAIRWAY BLVD	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY BEACH, FL 32407	DT		NAME		
TITLE NAME	STREET ADDRESS 308 JASE COURT	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY, FL 32405	DS		NAME		
TITLE NAME	STREET ADDRESS 308 JASE COURT	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY, FL 32405	DT		NAME		
TITLE NAME	STREET ADDRESS 308 JASE COURT	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY, FL 32405	DT		NAME		
TITLE NAME	STREET ADDRESS 308 JASE COURT	<input type="checkbox"/> Delete	STREET ADDRESS		
CITY - ST - ZIP PANAMA CITY, FL 32405	DT		NAME		
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: <i>Michelle Brown</i>			05.01.06 317.536.5371		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		