2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004492

Entity Name: LAKELAND ADULT SOCCER ORGANIZATION, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

504 EASTON DRIVE 2929 REDWOOD AVE LAKELAND, FL 33803 LAKELAND, FL 33803

Current Mailing Address: New Mailing Address:

PO BOX 621

LAKELAND, FL 33802

FEI Number: 59-3565520 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:

CLEMENTS, MARK E
230 S. FLORIDA AVENUE STE. 501
LAKELAND, FL 33801 US
MASTERS, KENNETH T
2929 REDWOOD AVE
LAKELAND, FL 33803 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: KENNETH T. MASTERS 04/29/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

 Name:
 CLEMENTS, MARK E
 Name:
 MATTSON, ARTHUR

 Address:
 504 EASTON DRIVE
 Address:
 453 ARCHIC DRIVE

 City-St-Zip:
 LAKELAND, FL 33803
 City-St-Zip:
 WINTER HAVEN, FL 33880

 Title:
 VTR
 () Delete
 Title:
 VTR
 (X) Change () Addition

 Name:
 MATTSON, ARTHUR
 Name:
 MASTERS, KENNETH

Address: 453 ARCHIC DRIVE Address: 2929 REDWOOD AVE City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: LAKELAND, FL 33803

 Name:
 MASTERS, KENNETH T
 Name:
 ANDREWS, FAYE

 Address:
 2929 REDWOOD AVENUE
 Address:
 1345 CHERRY LANE

 City-St-Zip:
 LAKELAND, FL 33803
 City-St-Zip:
 LAKELAND, FL 33811

Title: STR () Delete Title: () Change () Addition

 Name:
 LEWIS, JO
 Name:

 Address:
 828 CIMARRON CT
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 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.

SIGNATURE: KENNETH T. MASTERS VTR 04/29/2004