

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004492

FILED
May 09, 2005
Secretary of State

Entity Name: LAKELAND ADULT SOCCER ORGANIZATION, INC.

Current Principal Place of Business:

2929 REDWOOD AVE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

PO BOX 621
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3565520 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATTSON, ARTHUR
Address: 453 ARCHIC DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VTR () Delete
Name: MASTERS, KENNETH
Address: 2929 REDWOOD AVE
City-St-Zip: LAKELAND, FL 33803

Title: TTR () Delete
Name: ANDREWS, FAYE
Address: 1345 CHERRY LANE
City-St-Zip: LAKELAND, FL 33811

Title: STR (X) Delete
Name: LEWIS, JO
Address: 828 CIMARRON CT
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

05/09/2005

Electronic Signature of Signing Officer or Director

Date