

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000005795

FILED  
Sep 01, 2006  
Secretary of State

**Entity Name:** BAYSIDE SOCCER CLUB, INC.

**Current Principal Place of Business:**

308 DOLPHIN STREET  
GULFBREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 363  
GULFBREEZE, FL 325620363

**New Mailing Address:**

**FEI Number:** 59-3549088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VENN, JOHN E JR.  
220 WEST GARDEN STREET  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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: JOHN VENN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MILLER, MICHAEL  
Address: 424 KENILWORTH AVE.  
City-St-Zip: GULF BREEZE, FL 32561

Title: DV ( ) Delete  
Name: SHAEFFER, DARRELL  
Address: 3992 SPANISH MOSS COVE  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 Chapter 119, 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: MIKE MILLER

PRES

09/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date