2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006
Secretary of State

DOCUMENT# N99000004953

Entity Name: ASSOCIATION OF CHRISTIAN YOUTH SOCCER, INC.

Current Principal Place of Business:

1191 LEATHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1191 LEATHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2849777 **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:

CAENERS, KENNETH F
1191 LEATHERWOOD DRIVE
ALTAMONTE SPRINGS, FL 32714 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CAENERS, KENNETH
Address: 1191 LEATHERWOOD DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD ( ) Delete
Name: HAECKER, MARK
Address: 5009 CUB LAKE DRIVE
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: CAENERS, BETTE-SUE
Address: 1191 LEATHERWOOD DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: HAECKER, MARK
Address: 5009 CUB LAKE DRIVE
City-St-Zip: APOPKA, FL 32703

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

Title: TD ( ) Change (X) Addition
Name: HAECKER, WENDE
Address: 5009 CUB LAKE DRIVE
City-St-Zip: APOPKA, FL 32703

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: WENDE HAECKER TD 08/16/2006

Electronic Signature of Signing Officer or Director — Date