2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2016
Secretary of State
CC0355905715

DOCUMENT# 751506

Entity Name: FLORIDA STATE SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

2108 S CORTEZ AVE
TAMPA, FL 33629

Current Mailing Address:

2108 S CORTEZ AVE
TAMPA, FL 33629 US

FEI Number: 59-2232133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALABRO, NICCOLO G
3504 CARRINGTON DRIVE
TALLAHASSEE, FL 32303 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

Officer/Director Detail :

Title	PRESIDENT
Name	MOELLER, RICHARD
Address	650 84TH STREET, #36
City-State-Zip:	MIAMI BEACH FL 33141

Title	VP
Name	CULLEN, DARAGH
Address	1218 WATERFORD DR
City-State-Zip:	LAKELAND FL 33803

Title	DIRECTOR
Name	ALARCON, MACK
Address	237 GENTIAN ROAD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	DIRECTOR
Name	MCMASTER, CHRIS
Address	587 TERRANOVA CIR
City-State-Zip:	WINTER HAVEN FL 33884

Title	TREASURER
Name	CALABRO, NICCOLO
Address	3504 CARRINGTON DRIVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	SECRETARY
Name	BLISKIS, LISA
Address	650 84TH ST, #36
City-State-Zip:	MIAMI BEACH FL 33141

Title	DIRECTOR
Name	HARRIS, GUY
Address	4706 PEMBROKE LANE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	EDDIE, LOYOLA
Address	1270 LANCELOT WAY
City-State-Zip:	CASSELBERRY FL 32707

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I hereby 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 all other like empowered.

SIGNATURE: NICCOLO CALABRO TREASURER 03/14/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DOUGLAS, ABROM
Address	13727 SW 152ND ST, #111
City-State-Zip:	MIAMI FL 33177

Title	DIRECTOR
Name	MATTSON, ARTHUR
Address	453 ARCHAIC DR
City-State-Zip:	WINTER HAVEN FL 33880