

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005835

Entity Name: FLORIDA SUNCOAST SOCCER LEAGUE, INC.**Current Principal Place of Business:**816 CHAMBERLAIN LOOP
LAKE WALES, FL 33853**Current Mailing Address:**816 CHAMBERLAIN LOOP
LAKE WALES, FL 33853 US**FEI Number: 47-4384144****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCMASTER, NICOLE
816 CHAMBERLAIN LOOP
LAKE WALES, FL 33853 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	ADMINISTRATOR
Name	MCMASTER, NICOLE
Address	816 CHAMBERLAIN LOOP
City-State-Zip:	LAKE WALES FL 33853

Title	PRESIDENT
Name	RIGGS-STITES, MATT
Address	PO BOX 2338
City-State-Zip:	LAKE WALES FL 33859

Title	DIRECTOR
Name	DEAK, FRANK
Address	PO BOX 2338
City-State-Zip:	LAKE WALES FL 33859

Title	DIRECTOR
Name	HAYNES, MICHAEL
Address	P.O. BOX 2338
City-State-Zip:	LAKE WALES FL 33859

Title	DIRECTOR
Name	PRINCE, JUSTIN
Address	P.O. BOX 2338
City-State-Zip:	LAKE WALES FL 33859

Title	VP
Name	WALDRON, VICTOR
Address	P.O. BOX 2338
City-State-Zip:	LAKE WALES FL 33859

Title	DIRECTOR
Name	ROBERT, DONALDSON
Address	PO BOX 2338
City-State-Zip:	LAKE WALES FL 33853-2800

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: NICOLE MCMASTER**ADMINISTRATOR****03/18/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date