

2021 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:**P.O. BOX 2338
LAKE WALES, FL 33859**FEI Number: 47-4384144****Certificate of Status Desired: Yes****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 P
Name MCMASTER, CHRIS
Address 816 CHAMBERLAIN LOOP
City-State-Zip: LAKE WALES FL 33853

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

Title ADMINISTRATIVE DIRECTOR
Name JOHNSON, AMANDA
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 ST
Name MCMASTER, NICOLE
Address 816 CHAMBERLAIN LOOP
City-State-Zip: LAKE WALES FL 33853

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

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**EXECUTIVE ADMIN****08/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date