2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N06000002847

Entity Name: ISLANDERS SOCCER CLUB INC.

Current Principal Place of Business:

6204 SPARLING HILLS CR
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

6204 SPARLING HILLS CR
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 65-1308954 **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:

JONES, NICHOLE
6204 SPARLING HILLS CR
ORLANDO, FL 32808 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: VP ( ) Delete
Name: JONES, IAN
Address: 6204 SPARLING HILLS DR.
City-St-Zip: ORLANDO, FL 32808

Title: P ( ) Delete
Name: JONES, NICHOLE
Address: 6204 SPARLING HILLS CR
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: WILLIAMS, CHARLES
Address: 1961 PARKGLEN CR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: WALTERS, IAN
Address: 1771 SUGAR COVE CT
City-St-Zip: OCOEE, FL 34761

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

Title: T (X) Change ( ) Addition
Name: JONES, IAN
Address: 6204 SPARLING HILLS CR
City-St-Zip: ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLE JONES P 09/02/2009

Electronic Signature of Signing Officer or Director — Date