

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004573

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: REGION 13 FLORIDA CUP SERIES, INC.

**Current Principal Place of Business:**

182 SIESTA DRIVE  
DEBARY, FL 32713 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 530772  
DEBARY, FL 32753 US

**New Mailing Address:**

FEI Number: 26-0636232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOZIO, CHARLENE  
182 SIESTA DRIVE  
DEBARY, FL 32713 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: P ( ) Delete  
Name: POTTER, NEIL  
Address: 1181 ODIN TERRACE  
City-St-Zip: DELTONA, FL 32738 US

Title: VP ( ) Delete  
Name: MILLER, RALPH  
Address: 6876 MOORHEN CIRCLE  
City-St-Zip: ORLANDO, FL 32810 US

Title: S ( ) Delete  
Name: MILLER, LORI  
Address: 6876 MOORHEN CIRCLE  
City-St-Zip: ORLANDO, FL 32810 US

Title: T ( ) Delete  
Name: SOZIO, CHARLENE  
Address: 182 SIESTA DRIVE  
City-St-Zip: DEBARY, FL 32713 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: CHARLENE A SOZIO

T

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date