2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 730730

Entity Name: CAPE CORAL SOCCER ASSOCIATION, INC.

Current Principal Place of Business:

PELICAN SOCCER COMPLEX
4020 SW 2ND CT
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 732
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 59-2610047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUCKOLLS, HUGH P ESQ
1375 JACKSON STREET, SUITE 303
FORT MYERS, FL 33901 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: SD ( ) Delete
Name: LILLIE, JACULIN P
Address: 301 SE 20TH STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: VPD ( ) Delete
Name: HUNTER, CATHY
Address: 1629 SW 3RD TERRACE
City-St-Zip: CAPE CORAL, FL 33991

Title: TD ( ) Delete
Name: MITCHELL, KIMBERLY
Address: 1951 LONGFELLOW DR
City-St-Zip: N.FT.MYERS, FL 33903

Title: PD ( ) Delete
Name: DUQUETTE, STEVEN M
Address: 2531 SW 28TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: AL-SHABIBI, JONI
Address: 2711 EL DORADO PARKWAY WEST
City-St-Zip: CAPE CORAL, FL 33914

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: KIMBERLY A MITCHELL TD 04/23/2008

Electronic Signature of Signing Officer or Director — Date