

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730730

FILED
Apr 24, 2009
Secretary of State

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: AL-SHABIBI, JONI
Address: 2711 EL DORADO PARKWAY WEST
City-St-Zip: CAPE CORAL, FL 33914

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

Title: TD () Delete
Name: FORRER, ACIE
Address: 9311 COLLEGE PARKWAY
City-St-Zip: FT. MYERS, FL 33919

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

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

Title: TD (X) Change () Addition
Name: AGOSTINELLI, ROBERT
Address: 1311 SE 32ND STREET
City-St-Zip: CAPE CORAL, FL 33904

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: ROBERT AGOSTINELLI

TD

04/24/2009

Electronic Signature of Signing Officer or Director

Date