

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741569

FILED
May 05, 2009
Secretary of State

Entity Name: STUART YOUTH SOCCER CLUB, INC.

Current Principal Place of Business:

7004 S.W. VICTORIA CT
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1754
STUART, FL 34995

New Mailing Address:

FEI Number: 59-2097761 **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:

Name and Address of New Registered Agent:

GUTIERREZ, KIM
7004 S.W. VICTORIA CT
STUART, FL 34997 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUTIERREZ, KIM
Address: 7004 S.W. VICTORIA CT
City-St-Zip: STUART, FL 34997

Title: VP () Delete
Name: CEBELAK, MICHAEL
Address: 3916 SW BIMINI CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: LARAMIE, DAGMAR
Address: 4650 SW HAMMOCK CREEK DR
City-St-Zip: PALM CITY, FL 34990

Title: R () Delete
Name: LARAMIE, JAMES
Address: 4650 SW HAMMOCK CREEK DR
City-St-Zip: PALM CITY, FL 34990

Title: VP () Delete
Name: GUTIERREZ, MARK
Address: 7004 S.W. VICTORIA CT
City-St-Zip: STUART, FL 34997

Title: D. () Delete
Name: LORIE, SHEKAILO
Address: PO BOX 853
City-St-Zip: JENSEN BEACH, FL 34958

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:

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: KIM GUTIERREZ

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date