

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755338

FILED
Jul 16, 2008
Secretary of State

Entity Name: PORT ST. LUCIE SOCCER CLUB, INC.

Current Principal Place of Business:

700 SW CARMELITE ST
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

700 SW CARMELITE ST
PORT ST. LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0889466 **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:

SCHOONMAKER, RICHARD
1948 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952 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: MIKE, GAZZALLA
Address: 2621 SW HAMDEN RD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: DUNN, KAREN
Address: 700 SW CARMELITE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 18

Title: S () Delete
Name: SEIDLEMAN, MELINDA
Address: 700 SW CARMELITE STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VP () Delete
Name: GIANQUITTI, JOSEPH
Address: 700 SW CARMELITE STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: R () Delete
Name: GITLIN, STEVE
Address: 700 SW CARMELITE STREET
City-St-Zip: PORT ST LUCIE, FL 34983

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:

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: MIKE GAZZALLA

MR

07/16/2008

Electronic Signature of Signing Officer or Director

Date