

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N00000001959

Entity Name: METRO SEMINOLE FOOTBALL CHARITIES, INC.

Current Principal Place of Business:

18743 SABAL ST
ORLANDO, FL 32833

New Principal Place of Business:

Current Mailing Address:

18743 SABAL ST
ORLANDO, FL 32833

New Mailing Address:

FEI Number: 59-3633074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KEVIN
18743 SABAL ST
ORLANDO, FL 32833 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: PRES () Delete
Name: BROWN, KEVIN
Address: 18743 SABAL ST
City-St-Zip: ORLANDO, FL 32833

Title: VP () Delete
Name: BAUMANN, KURT
Address: 12131 WOODGLEN CR
City-St-Zip: CLERMONT, FL 34711

Title: SEC () Delete
Name: PILLA, MARK
Address: 6310 LIDO CT
City-St-Zip: ORLANDO, FL 32807

Title: DIR () Delete
Name: KONG, JUSTIN
Address: 6238 MORNING MIST LN
City-St-Zip: ORLANDO, FL 32819

Title: DIR () Delete
Name: CINTRON, MANUEL
Address: 1725 CORNERVIEW LN
City-St-Zip: ORLANDO, FL 32820

Title: DIR () Delete
Name: GARNER, TOM
Address: 450 SYCAMORE SPRINGS ST
City-St-Zip: DEBARY, FL 32713

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
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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: KEVIN S. BROWN

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date