2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006674

32 KEY HAVEN RD

KEY WEST, FL

Address: City-St-Zip:

Entity Names - KEY MEST SOCCED CLUB

FILED Oct 06, 2009 Secretary of State

Entity Na	me: KEY WEST SOCCER CLUB, INC.			
Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
	GLER AVE. T, FL 33040			
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
	GLER AVE. T, FL 33040			
In accordan	: 65-0847842 FEI Number Applied For (ce with s. 607.193(2)(b), F.S., the corporation	did not receive the prior notice.	Certificate of Status Desired ()	
Name and	I Address of Current Registered Age	nt: Name and Address of	New Registered Agent:	
2117 HAR	., DAVID W RIS AVE. T, FL 33040 US			
	e named entity submits this statement fo e of Florida.	the purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: DAVID W. MITCHELL			
	Electronic Signature of Registere	d Agent	 Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete PAUL, SCOTT 3741 FLAGLER AVE. KEY WEST, FL 33040	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete MEYER, JEFFREY 31211 AVE A BIG PINE KEY, FL 33043	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete WHEELER, KITTY 1523 4TH ST KEY WEST, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete MITCHELL, DAVID 2117 HARRIS AVE. KEY WEST, FL 33040	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete PHELPS, LORRAINE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SCOTT PAUL PD 10/06/2009