

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007196

FILED
Feb 10, 2008
Secretary of State

Entity Name: STRICTLY SOCCER FUTBOL CLUB, INC.

Current Principal Place of Business:

6370 CAPE HATTERAS WAY NE, #3
ST PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

6370 CAPE HATTERAS WAY NE, #3
ST PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 35-2178072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOODWIN, DENISE TRESURE
5300 PILOTS PLACE
NEW PORT RICHEY, FL 34652 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: DP () Delete
Name: GOODWIN, ROGER
Address: 5300 PILOTS PL
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DS () Delete
Name: GOFFE, PATTI
Address: 9275 89TH WAY
City-St-Zip: SEMINOLE, FL 33777

Title: DT () Delete
Name: GOODWIN, DENISE
Address: 5300 PILOTS PLACE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: BURT, LYNDIA
Address: 6370 CAPE HATTERAS WAY NE #3
City-St-Zip: ST PETERSBURG, FL 33702

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:

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: DENISE GOODWIN

DT

02/10/2008

Electronic Signature of Signing Officer or Director

Date