



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90071 020 ****61.25

DOCUMENT # N02000002089							
1. Entity Name PUNTA GORDA SOCCER CLUB, INC.							
Principal Place of Business 315 E OLYMPIA AVE STE 111 PUNTA GORDA, FL 33950			Mailing Address 315 E OLYMPIA AVE STE 111 PUNTA GORDA, FL 33950				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03232007 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 01-0659036			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RIVERA, JUAN I 315 E OLYMPIA AVE STE 111 PUNTA GORDA, FL 33950			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ANDREU, WHITNEY H		NAME	Doug Young			
STREET ADDRESS	7522 CARISSA		STREET ADDRESS	5249 Black Jack Circle			
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	Punta Gorda, FL 33982			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	O'DONNELL, PENNY		NAME	Sandy Sweeney			
STREET ADDRESS	7441 SWEET ALYSSUM		STREET ADDRESS	5438 Greenwood Circle			
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	Punta Gorda, FL 33982			
TITLE	V	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	COSSU, SERGIO F M.D.		NAME	Mich eie Papa			
STREET ADDRESS	4025 BASTIA COURT		STREET ADDRESS	17253 Cape Horn Blvd			
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Punta Gorda, FL 33955			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DWYER, ROBERT W		NAME				
STREET ADDRESS	5655 RIVERSIDE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		DOUGLAS YOUNG, PRESIDENT		3-18-07 941-637-4334			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			