
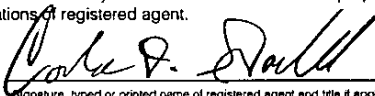
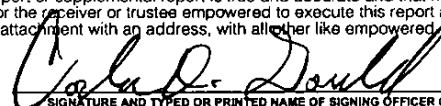


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 029 ****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 # 670 Cooper St. Suite, Apt. #, etc.		3. Mailing Address PO Box 512511 Suite, Apt. #, etc.			
City & State Punta Gorda, FL Zip 33950		City & State Punta Gorda, FL Zip 33951		4. FEI Number 01-0659036 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, JUAN I 315 E OLYMPIA AVE STE 111 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Carlos D. Gould Street Address (P.O. Box Number is Not Acceptable) 58 Colville Dr City Punta Gorda FL Zip Code 33982	
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  Carlos D. Gould, President 4/11/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, DOUG 5249 BLACK JACK CIRCLE PUNTA GORDA, FL 33982	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Carlos D. Gould 58 Colville Dr Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEENEY, SANDY 5438 GROVEWOOD CIRCLE PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSSU, SERGIO F M.D. 4025 BASTIA COURT PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Stacy Glover 1047 Harbour Drake Dr Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAPA, MICHELE 17253 CAPE HORN BLVD PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patty Sukennikoff 7511 Carissa Punta Gorda, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Carlos D. Gould President 4-11-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04112008 Chg-NP CR2E037 (12/06)

941-815-8564