

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002089

FILED
Jan 06, 2009
Secretary of State

Entity Name: PUNTA GORDA SOCCER CLUB, INC.

Current Principal Place of Business:

670 COOPER ST
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

POB 512511
PUNTA GORDA, FL 33951

New Mailing Address:

FEI Number: 01-0659036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, CARLOS D
58 COLVILLE DR
PUNTA GORDA, FL 33982 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: P () Delete
Name: GOULD, CARLOS D
Address: 58 COLVILLE DR
City-St-Zip: PUNTA GORDA, FL 33982

Title: S () Delete
Name: SWEENEY, SANDY
Address: 5438 GROVEWOOD CIRCLE
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP () Delete
Name: GLOVER, STACY
Address: 1047 HARBOUR DRAKE DR
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: SUKENNKOFF, PATTY
Address: 7511 CARISSA
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ARROYO, MEKO
Address: 21064 ALPINE AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Change () Addition
Name: O'DONNELL, PENNY
Address: 7441 SWEET ALYSSUM
City-St-Zip: PUNTA GORDA, FL 33955

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: PENNY O'DONNELL

TR

01/06/2009

Electronic Signature of Signing Officer or Director

Date