## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N02000004406

RT FILED Mar 18, 2009 Secretary of State

Entity Name: CHARLOTTE COUNTY SOCCER FEDERATION, INC.

| Current Principal Place of Business:        |  |                            | New Principal Place                         | New Principal Place of Business:            |  |
|---|--|----------------------------|---|---|--|
|   | LONIKA LN<br>ORDA, FL 3398                                   | 3 US                       |   |   |  |
| Current Mailing Address:                    |  | New Mailing Address:       |   |   |  |
|   | LONIKA LN<br>ORDA, FL 3398                                   | 3 US                       |   |   |  |
| FEI Number                                  | : 74-3043455   | FEI Number Applied For ( ) | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)           |  |
| Name and                                    | l Address of Cu  | rrent Registered Agent:    | Name and Address of                         | of New Registered Agent:                    |  |
| PUNTA Go The above                          | LONIKA LANE<br>ORDA, FL 3398                                 |                            | purpose of changing its registere           | d office or registered agent, or both,      |  |
| SIGNATUI                                    | RE:  |                            |   |   |  |
|   | Electronic   | Signature of Registered Ag | jent  | Date  |  |
| OFFICERS AND DIRECTORS:                     |  |                            | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | P () C<br>CAHUSAC, PHILI<br>26068 SALONIKA<br>PUNTA GORDA, F | LANE                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D () C<br>MUNIZ, KORY<br>2055 PECAN ST<br>NORTH PORT, FL     | elete<br>- 34287 US        | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | T () C<br>FABER, NORA<br>22088 BRONXVIL<br>PORT CHARLOT      | LE AVE                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                       |  |
| Title:                                      | VP () D  | elete                      | Title:<br>Name:                             | ( ) Change ( ) Addition                     |  |
| Name:<br>Address:<br>City-St-Zip:           | 3183 EASY ST<br>PORT CHARLOT                                 | ΓΕ, FL 33952 US            | Address:<br>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: PHILIP CAHUSAC P 03/18/2009