

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001757

FILED
Jan 18, 2007
Secretary of State

Entity Name: FUTBOL CLUB-AMERICA, INC.

Current Principal Place of Business:

20 NORTH ORANGE AVE., 16TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

20 NORTH ORANGE AVE., 16TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, SCOTT
C/O MORGAN & MORGAN, P.A.
20 N. ORANGE AVE., 16TH FLOOR
ORLANDO, FL 32801 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: PD () Delete
Name: RYAN, KEITH
Address: 1825 LAKE ROBERTS COURT
City-St-Zip: WINDERMERE, FL 34786

Title: VD () Delete
Name: BATES, H. SCOTT
Address: 2660 LAKE SHORE DRIVE
City-St-Zip: ORLANDO, FL 32803

Title: SD () Delete
Name: ALEXANDER, ANGELA
Address: 290 MILHAM DRIVE
City-St-Zip: ORLANDO, FL

Title: TD () Delete
Name: SNOWDEN, NICOLE
Address: 201 S. ORANGE AVE., SUITE 1205
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATTISTA, JOE
Address: 1825 LAKE ROBERTS COURT
City-St-Zip: WINDERMERE, FL 34786

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 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: SCOTT BATES

VP

01/18/2007

Electronic Signature of Signing Officer or Director

Date