2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N03000001757

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:	BATTISTA, JOE	
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:	TRACY, SCHMITT	
Address:	201 S. ORANGE AVE., SUITE 1100-A	
City-St-Zip:	ORLANDO, FL 32801	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: H. SCOTT BATES VD 03/23/2009
Electronic Signature of Signing Officer or Director — Date