

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001202

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA COLLEGIATE SUMMER LEAGUE, INC.

Current Principal Place of Business:

152 LINCOLN AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

152 LINCOLN AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 20-0921688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOGGI, STEFANO
152 LINCOLN AVE
WINTER PARK, FL 32789 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: WHITING, SARA S
Address: 405 LAKEWOOD DR.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: LOMBARDO, SALVATORE F
Address: 1152 BRANTLEY ESTATES DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: OPS () Delete
Name: FOGGI, STEFANO
Address: 4454 TWINVIEW LN
City-St-Zip: ORLANDO, FL 32814

Title: D () Delete
Name: NATHANSON, IAN
Address: 838 LAKE CATHERINE COURT
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: RUSSELL, JOSEPH P
Address: 311 E TROTTERS DR
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: CONNOLLY, SEAN P
Address: 400 PARK AVE SOUTH STE 600
City-St-Zip: WINTER PARK, FL 32789

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
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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: STEFANO FOGGI

OPS

01/16/2009

Electronic Signature of Signing Officer or Director

Date