2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 09, 2009
Secretary of State

DOCUMENT# N04000001202

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	(X) Delete
Name:	NATHANSON, IAN	
Address:	838 LAKE CATHERINE COURT	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	(X) Delete
Name:	RUSSELL, JOSEPH P	
Address:	311 E TROTTERS DR	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	(X) 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:	D	(X) Change ( ) Addition
Name:	SITZ, ROB G	
Address:	1420 LAKE SHADOW CIRCLE UNIT 9301	
City-St-Zip:	MAITLAND, FL 32751	
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: STEFANO FOGGI OPS 07/09/2009

Electronic Signature of Signing Officer or Director — Date