

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000001202

**FILED**  
**Jan 25, 2010**  
**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:**

1778 N. PARK AVE  
SUITE 201  
MAITLAND, FL 32751

**Current Mailing Address:**

152 LINCOLN AVE  
WINTER PARK, FL 32789

**New Mailing Address:**

1778 N. PARK AVE  
SUITE 201  
MAITLAND, FL 32751

**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:**

FOGGI, STEFANO  
1778 N. PARK AVE.  
SUITE 201  
MAITLAND, FL 32751 US

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: STEFANO FOGGI

01/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WHITING, SARA S  
Address: 405 LAKEWOOD DR.  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: SITZ, ROB G  
Address: 1420 LAKE SHADOW CIRCLE UNIT 9301  
City-St-Zip: MAITLAND, FL 32751

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

I hereby 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 all other like empowered.

SIGNATURE: STEFANO FOGGI

OPS

01/25/2010

Electronic Signature of Signing Officer or Director

Date