## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005028

FILED Apr 18, 2006 Secretary of State

Entity Name: MUSOOL COMPETITION TEAM SPONSORSHIP ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

5889 WILLIMSON BLVD #1313 5889 SOUTH WILLIMSON BLVD #1313

DAYTONA BCH, FL 32128 PORT ORANGE, FL 32129

**Current Mailing Address: New Mailing Address:** 

5889 WILLIAMSON BLVD #1313 5889 SOUTH WILLIAMSON BLVD #1313

DAYTONA BCH, FL 32128 PORT ORANGE, FL 32129

FEI Number: 20-0763004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAURICELLA, ELIZABETH A S LAURICELLA, ELIZABETH A S 53 WOODFIELD DR 53 WOODFIELD DR

PT ORANGE, FL 32129 PORT ORANGE, FL 32129 US 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: ELIZABETH LAURICELLA 04/18/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MIDYETTE, JOANNA FREMONT, PAUL Name: Name: 285 COUNTY CIR DRIVE Address: 557 NEWTON RD Address:

City-St-Zip: PT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32127 US

Title: () Delete Title: (X) Change ( ) Addition

MIDYETTE, MONTY Name: BURK, KIMBERLY Address: 285 COUNTY CIR DRIVE Address: 4609 SECRET RIVER TRAIL

City-St-Zip: PT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32129 US

Title: () Delete Title: (X) Change ( ) Addition FREMONT, DONNA FREMONT, DONNA Name: Name:

Address: 557 NEWTON RD Address: 557 NEWTON RD

City-St-Zip: PT ORANGE, FL 32127 City-St-Zip: PT ORANGE, FL 32127 US

( ) Delete Title: Title: (X) Change ( ) Addition

LAURICELLA, ELIZABETH LAURICELLA, ELIZABETH Name: Name: 53 WOODFIELD DR Address: 53 WOODFIELD DR Address: City-St-Zip: PT ORANGE, FL 32129 City-St-Zip: PT ORANGE, FL 32129 US

Title: () Delete Title: CO-T ( ) Change (X) Addition

ORDWAY, CHARMAINE Name: Name: 420 BAYWOOD CIRCLE Address: Address: City-St-Zip: City-St-Zip: PORT ORANGE, FL 32127 US

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: ELIZABETH LAURICELLA S 04/18/2006