## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005028

FILED Jul 08, 2008 Secretary of State

Entity Name: MUSOOL COMPETITION TEAM SPONSORSHIP ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5889 SOUTH WILLIMSON BLVD 1313 PORT ORANGE, FL 32129 **New Mailing Address: Current Mailing Address:** 5889 SOUTH WILLIAMSON BLVD 1313 PORT ORANGE, FL 32129 FEI Number: 20-0763004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAURICELLA, ELIZABETH A T 53 WOODFIELD DR PORT ORANGE, FL 32129 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition BURKE, KIMBERLY MIDYETTE, MONTY Name: Name: 4609 SECRET RIVER TRAIL Address: 285 COUNTRY CIRCLE DRIVE EAST Address: City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: PORT ORANGE, FL 32128 US Title: Title: (X) Change ( ) Addition ( ) Delete Name: DILEO, KATHY Name: MIDYETTE, JOANNA Address: 4731 HIDDEN LAKE Address: 285 COUNTRY CIRCLE DRIVE EAST City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: PORT ORANGE, FL 32128 US Title: () Delete Title: (X) Change ( ) Addition LAURICELLA, ELIZABETH LAURICELLA, ELIZABETH Name: Name: Address: 53 WOODFIELD DR Address: 53 WOODFIELD DR City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: PORT ORANGE, FL 32129 US Title: ( ) Delete Title: (X) Change ( ) Addition ZUEGG, PATRICIA Name: Name: ZUEGG, PATRICIA 792 SUGAR HOUSE DRIVE 792 SUGAR HOUSE DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32129 US City-St-Zip: PORT ORANGE, FL 32129 US

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: MONTY MIDYETTE Т 07/08/2008