

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005028

FILED
Mar 22, 2009
Secretary of State

Entity Name: MUSOOL COMPETITION TEAM SPONSORSHIP ASSOCIATION, INC.

Current Principal Place of Business:

5889 SOUTH WILLIMSON BLVD
1313
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

5889 SOUTH WILLIAMSON BLVD
1313
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 20-0763004

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURICELLA, ELIZABETH A T
53 WOODFIELD DR
PORT ORANGE, FL 32129 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: T () Delete
Name: MIDYETTE, MONTY
Address: 285 COUNTRY CIRCLE DRIVE EAST
City-St-Zip: PORT ORANGE, FL 32128 US

Title: S () Delete
Name: MIDYETTE, JOANNA
Address: 285 COUNTRY CIRCLE DRIVE EAST
City-St-Zip: PORT ORANGE, FL 32128 US

Title: V () Delete
Name: LAURICELLA, ELIZABETH
Address: 53 WOODFIELD DR
City-St-Zip: PORT ORANGE, FL 32129 US

Title: P () Delete
Name: ZUEGG, PATRICIA
Address: 792 SUGAR HOUSE DRIVE
City-St-Zip: PORT ORANGE, FL 32129 US

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
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: MONTY MIDYETTE

T

03/22/2009

Electronic Signature of Signing Officer or Director

Date