

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 29, 2009**  
**Secretary of State**

DOCUMENT# N05000007011

**Entity Name:** MALABAR SOCCER CLUB, INC.**Current Principal Place of Business:**1091 ALBION ST NW  
PALM BAY, FL 32907 US**New Principal Place of Business:**2365 COREY RD  
MALABAR, FL 32950 US**Current Mailing Address:**P.O. BOX,501266  
MALABAR, FL 32950 US**New Mailing Address:****FEI Number:** 20-3123528**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MOORE, MICHAEL PRES.  
1091 ALBION ST NW  
PALM BAY, FL 32907 US**Name and Address of New Registered Agent:**PAUL, YOLLES VP.  
2365 COREY RD  
MALABAR, FL 32950 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: PAUL YOLLES

09/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PRES ( ) Delete  
**Name:** MOORE, MICHAEL D PRES.  
**Address:** 1091 ALBION ST NW  
**City-St-Zip:** PALM BAY, FL 32907 US**Title:** VP ( ) Delete  
**Name:** CIARCIA, DARLENE VP.  
**Address:** 3440 COQUINA TER  
**City-St-Zip:** MALABAR, FL 32950 US**Title:** TREA ( ) Delete  
**Name:** DAVIS, DEBBIE TREA  
**Address:** 1328 COVENTRY CIR  
**City-St-Zip:** MELBOURNE, FL 32904**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** CIARCIA, DARLENE M PRES.  
**Address:** 2360 ROCKY POINT RD  
**City-St-Zip:** MALABAR, FL 32950 US**Title:** VP (X) Change ( ) Addition  
**Name:** YOLLES, PAUL VP.  
**Address:** 2365 COREY RD  
**City-St-Zip:** MALABAR, FL 32950 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** SEC ( ) Change (X) Addition  
**Name:** GREST, CATHERINE  
**Address:** 299 YELLOWSTONE AVE NE  
**City-St-Zip:** PALM BAY, FL 32907

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: DARLENE CIARCIA

PRES

09/29/2009

Electronic Signature of Signing Officer or Director

Date