08-30-2007 90002 035 ****61.25
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000002847

1. Entity Name
ISLANDERS SOCCER CLUB INC.

Principal Place of Business
6204 SPARLING HILLS CR
ORLANDO, FL 32808

Mailing Address
6204 SPARLING HILLS CR
ORLANDO, FL 32808

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

08152007 Chg-NP CR2E037 (12/06)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, NICHOLE
6204 SPARLING HILLS CR
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☑ Delete	TITLE	VP ☐ Change ☑ Addition
NAME	MONDEZIE, LEROY	NAME	JONES, IAN
STREET ADDRESS	4414 MALVERNE HILL DR	STREET ADDRESS	6204 SPARLING HILLS CR.
CITY-ST-ZIP	ORLANDO, FL 32818	CITY-ST-ZIP	ORLANDO FL 32808
TITLE	VP ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	JONES, NICHOLE	NAME	JONES, NICHOLE
STREET ADDRESS	6204 SPARLING HILLS CR	STREET ADDRESS	6204 SPARLING HILLS CR.
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	ORLANDO FL 32808
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CHARLES	NAME	
STREET ADDRESS	1961 PARKGLEN CR	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32712	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REINSTATEMENT	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RH 10-07	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nichole Jones (NICHOLE JONES) 8/15/07 (407)405-0133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Spoke with Nicole Jones Did not recieve Rejection or 2nd notice