

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009892

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: STING SOCCER, INC.

**Current Principal Place of Business:**

1560 NW 96 AVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

1560 NW 96 AVE  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 20-5614558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMONS, DAVID J ESQ  
3864 SHERIDAN STREET  
HOLLYWOOD, FL 33021 US

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

KONNERS, BRUCE  
1560 NW 96 AVE  
PLANTATION, FL 33322 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: BRUCE KONNERS

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KONNERS, BRUCE  
Address: 1560 NW 96 AVE  
City-St-Zip: PLANTATION, FL 33322

Title: TD (X) Delete  
Name: WESTERLIND, DOREEN  
Address: 11014 NW 18 DRIVE  
City-St-Zip: PLANTATION, FL 33322

Title: SD (X) Delete  
Name: SIMONS, DAVID J  
Address: 11861 NW 4TH STREET  
City-St-Zip: PLANTATION, FL 33325

**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:

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: BRUCE KONNERS

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date