

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010000

FILED
Jun 25, 2009
Secretary of State

Entity Name: ORLANDO HURRICANES POWER SOCCER, INC.

Current Principal Place of Business:

3857 BLACKBERRY CIRCLE
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

3857 BLACKBERRY CIRCLE
ST. CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 20-5676320 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:

FOSTER-HENNIGHAN, SHARI M
3857 BLACKBERRY CIRCLE
ST. CLOUD, FL 34769 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:

Title: P () Delete
Name: FOSTER-HENNIGHAN, SHARI M
Address: 3857 BLACKBERRY CIRCLE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: VT () Delete
Name: MCHUGH, MARY
Address: 31427 GHENT AVE
City-St-Zip: SORRENTO, FL 32776 US

Title: S () Delete
Name: PEPIN, MARY M
Address: 17881-229TH DR.
City-St-Zip: LIVE OAK, FL 32060 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FOSTER-HENNIGHAN, SHARI M
Address: 3857 BLACKBERRY CIRCLE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: P (X) Change () Addition
Name: MCHUGH, MARY
Address: 31427 GHENT AVE
City-St-Zip: SORRENTO, FL 32776 US

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: SHARI FOSTER-HENNIGHAN

VP

06/25/2009

Electronic Signature of Signing Officer or Director

Date