

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010000

**FILED**  
**Apr 26, 2011**  
**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 ( )**

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

FOSTER-HENNIGHAN, SHARI M  
3857 BLACKBERRY CIRCLE  
ST. CLOUD, FL 34769 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:** TRES  
**Name:** FOSTER-HENNIGHAN, SHARI M  
**Address:** 3857 BLACKBERRY CIRCLE  
**City-St-Zip:** ST. CLOUD, FL 34769 US

**Title:** P  
**Name:** PEPIN, LUGDER  
**Address:** 12001 AVALON LAKE DR. APT. 223  
**City-St-Zip:** ORLANDO, FL 32828 US

**Title:** S  
**Name:** ABEL, ANDREA  
**Address:** 1608 ROCKDALE LOOP  
**City-St-Zip:** HEATHROW, FL 32746 US

I hereby 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 all other like empowered.

**SIGNATURE:** SHARI FOSTER-HENNIGHAN

TRES

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date