

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009267

FILED
Sep 02, 2008
Secretary of State

Entity Name: SHORES SOCCER CLUB, INC.

Current Principal Place of Business:

1124 NE 89TH STREET
MIAMI, FL 33138

New Principal Place of Business:

9825 PARK DRIVE
MIAMI SHORES, FL 33138

Current Mailing Address:

1124 NE 89TH STREET
MIAMI, FL 33138

New Mailing Address:

920 NE 120 STREET
UNIT B
BISCAYNE PARK, FL 33161

FEI Number: 42-1741639 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:

WATSON, JEFFREY
1124 NE 89TH STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

OCAMPO, DAVID
920 NE 120 STREET
UNIT B
BISCAYNE PARK, FL 33161 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: DAVID OCAMPO

09/02/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FENTON, J.R.
Address: 764 NE 119TH STREET
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D (X) Delete
Name: STOKESBERRY, DOUGLAS
Address: 702 NE 95TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: D (X) Delete
Name: WEMER-KUHNKE, ERICH
Address: 9702 NE 2ND AVE
City-St-Zip: MIAMI SHORES, FL 33138

Title: P (X) Delete
Name: WATSON, JEFF
Address: 1124 NE 89TH STREET
City-St-Zip: MIAMI, FL 33138

Title: VP (X) Delete
Name: WELSS, KYLLENE
Address: 11820 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

Title: ST (X) Delete
Name: PUMO, GAYLE
Address: 1147 NE 97TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATSON, JEFF
Address: 1124 NE 89TH STREET
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID OCAMPO

D

09/02/2008

Electronic Signature of Signing Officer or Director

Date