## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N16041

FILED Apr 20, 2007 Secretary of State

Entity Name: SAN CARLOS PARK SCORPION SOCCER CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** 18251 THREE OAKS PARKWAY 18251 THREE OAKS PARKWAY FORT MYERS, FL 33912 FORT MYERS, FL 33967 **Current Mailing Address: New Mailing Address:** P.O. BOX 894 ESTERO, FL 33928 FEI Number: 59-2656076 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIENHARDT, JAMIE 9998 ROOKERY CIRCLE ESTERO, FL 33928 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete FITZGERALD, AMY Name: FITZGERALD, AMY Name: 19068 MURCOTT DR E Address: 19068 MURCOTT DR E Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967 (X) Change ( ) Addition Title: () Delete Title: Name: FITZGERALD, AMY Name: FITZGERALD, AMY Address: 19068 MURCOTT DR E Address: 19068 MURCOTT DR E City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33967 Title: () Delete Title: () Change () Addition LIENHARDT, JAMIE Name: Name: 9998 ROOKERY CIRCLE Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition Name: CHERRY, BETH Name: Address: 108 BAY MAR DRIVE Address: City-St-Zip: FORT MYERS BEACH, FL 33931 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIE M. LIENHARDT MS. 04/20/2007