2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16041

FILED Apr 17, 2008 Secretary of State

Entity Name: SAN CARLOS PARK SCORPION SOCCER CLUB. INC

urrent P	Principal Place of Business:	New Principal Place of Business:	
	REE OAKS PARKWAY ERS, FL 33967 US		
Surrent N	Nailing Address:	New Mailing Address:	
P.O. BOX ESTERO,	894 FL 33928		
El Number	r: 59-2656076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired	()
lame and	d Address of Current Registered Ager	nt: Name and Address of New Registered Agent:	
998 ROC	DT, JAMIE DKERY CIRCLE FL 33928 US		
	e named entity submits this statement for se of Florida.	the purpose of changing its registered office or registered agent, or	- bot
the Stat	e of Florida.	the purpose of changing its registered office or registered agent, or	- bot
the Stat	e of Florida.		- bot
n the Stat SIGNATU	e of Florida. ** RE:		
n the Stati SIGNATU DFFICER itle: ame: ddress:	e of Florida. RE: Electronic Signature of Registere	d Agent Date	
n the Stati SIGNATU DFFICER itle: lame: ddress: city-St-Zip: itle: lame: ddress:	e of Florida. RE: Electronic Signature of Registere S AND DIRECTORS: TD () Delete FITZGERALD, AMY 19068 MURCOTT DR E	d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address:	
n the Stat SIGNATU	RE: Electronic Signature of Registere S AND DIRECTORS: TD () Delete FITZGERALD, AMY 19068 MURCOTT DR E FORT MYERS, FL 33967 TD () Delete FITZGERALD, AMY 19068 MURCOTT DR E	d Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

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: JAMIE LIENHARDT PD 04/17/2008