

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90027 016 ****70.00

DOCUMENT # N23239

1. Entity Name
NORTH FORT MYERS SOCCER CLUB, INC.



Principal Place of Business
**NFM SOCCER COMPLEX
WILLIAMS DR.
NORTH FORT MYERS, FL 33918 US**

Mailing Address
**P. O. BOX 3157
NORTH FORT MYERS, FL 33918 US**

40030000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2419536

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAWKINS, BUDDY
17060 E LAKE DRIVE
FORT MYERS, FL 33917**

Name **Beau Hawkins**
Street Address (P.O. Box Number is Not Acceptable)
2858 N W 4th Terr.
City **Cape Coral** **FL** Zip Code **33993**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **NILLMAN, RUSTY**
STREET ADDRESS **17670 SABEL PALM DR**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **ST** ☐ Delete
NAME **MCSTRAVIC, ANJI**
STREET ADDRESS **109180 FOUR WHEEL DR**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **VP** ☐ Delete
NAME **PALMORE, SHELIA**
STREET ADDRESS **3033 OIL WELL RD**
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE **P** ☐ Delete
NAME **KAEKINS, GEORGE**
STREET ADDRESS **17060 E. LAKE DRIVE**
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **D** ☐ Delete
NAME **MCCABE, CAROLYN**
STREET ADDRESS **19661 WOODBRIDGE LANE**
CITY-ST-ZIP **NORTHFORT MYERS, FL 33917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME **Mary Hood**
STREET ADDRESS **4241 SilverSword Ct**
CITY-ST-ZIP **N. Ft. Myers, 33903**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **Beau Hawkins**
STREET ADDRESS **2858 N W 4th Terr.**
CITY-ST-ZIP **Cape Coral, FL 33993**

TITLE **Registrar** ☒ Change ☐ Addition
NAME **Jaime Winton**
STREET ADDRESS **6731 Math Plecker Ct**
CITY-ST-ZIP **N. Ft. Myers, FL 33909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/07