

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23239

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** NORTH FORT MYERS SOCCER CLUB, INC.

**Current Principal Place of Business:**

NFM SOCCER COMPLKEX  
WILLIAMS DR.  
NORTH FORT MYERS, FL 33918 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2419536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAWKINS, BEAU  
2858 NW 4TH TERR  
CAPE CORAL, FL 33993 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: VP (X) Delete  
Name: HOOD, MARY  
Address: 4241 SILVERSWORD CT  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST ( ) Delete  
Name: MCSTRAVIC, ANJI  
Address: 109180 FOUR WHEEL DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VP ( ) Delete  
Name: PALMORE, SHELIA  
Address: 3033 OIL WELL RD  
City-St-Zip: PUNTA GORDA, FL 33955

Title: P ( ) Delete  
Name: HAWKINS, BEAU  
Address: 2858 NW 4TH TERR  
City-St-Zip: CAPE CORAL, FL 33993

Title: R ( ) Delete  
Name: WINTON, JAIME  
Address: 6731 MATT PLEDGER CT  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ANJI MCSTRAVIC

ST

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date