

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34268

FILED
Apr 08, 2008
Secretary of State

Entity Name: HOBE SOUND SOCCER CLUB, INC.

Current Principal Place of Business:

8949 SE BRIDGE RD
#215
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8949 SE BRIDGE RD
#215
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0143123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEMENTELLI, ANTHONY R
8949 SE BRIDGE RD #215
HOBE SOUND, FL 33455 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: DP () Delete
Name: STUCKEY, BRYANT
Address: 6595 SE FLORAL TERR
City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete
Name: MERRITT, HELEN
Address: 8415 SE MAY TERRACE
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: WOLL, KATHLEEN
Address: 8176 SE PALM ST
City-St-Zip: HOBE SOUND, FL 33455

Title: P (X) Delete
Name: SEMENTELLI, ANTHONY
Address: 8949 SE BRIDGE RD
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOLL, CRAIG
Address: 8176 SE PALM STREET
City-St-Zip: HOBE SOUND, FL 33455

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: CRAIG WOLL

P

04/08/2008

Electronic Signature of Signing Officer or Director

Date