

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 26, 2008
Secretary of State

DOCUMENT# N37684

Entity Name: MAITLAND SOCCER CLUB, INC.**Current Principal Place of Business:**601 N. ORLANDO AVE
SUITE 201
MAITLAND, FL 32751 US**New Principal Place of Business:****Current Mailing Address:**601 N. ORLANDO AVE
SUITE 201
MAITLAND, FL 32751 US**New Mailing Address:****FEI Number:** 59-3006445**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRAVENMIER, STANLEY A
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803 US**Name and Address of New Registered Agent:**WARD, CHRISTOPHER T
604 MINNEHAHA LANE
MAITLAND, FL 32751 US

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: CHRISTOPHER WARD

06/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCHERR, LISA
Address: 360 LAKE KATHRYN CIR.
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: MALLARDI, ANTHONY
Address: 430 SANDPIPER LANE
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: AGUIRRE, NANCY
Address: 623 MAYFAIR DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD () Delete
Name: WARD, CHRIS
Address: 604 MINEHAHA LANE
City-St-Zip: MAITLAND, FL 32751

Title: VP (X) Delete
Name: BROOKS, FERRON
Address: 613 POWELL DR
City-St-Zip: ALTAMONTE SPRINGS, FL 327016310

Title: R () Delete
Name: LOPERENA, LINDA
Address: 781 ARAPAND TRAIL
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ALBERT, DAVID
Address: 3721 WINDING LAKE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: BLANC, CORNELIOUS
Address: PO BOX 941011
City-St-Zip: MAITLAND, FL 32794

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: CHRISTOPHER WARD

PD

06/26/2008

Electronic Signature of Signing Officer or Director

Date