2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001184

THORNTON, CATHRYN

300 SCORPION COURT

300 SCORPION COURT

FANTO, KELLY

SATELLITE BEACH, FL 32937

SATELLITE BEACH, FL 32937

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: SATELLITE TOUCHDOWN CLUB, INC.

FILED Sep 01, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
300 SCORF SATELLITE							
Current Mailing Address:				New Mailing Address:			
PO BOX 37 SATELLITE		L 32937	US				
FEI Number: 59-3169657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
WRIGHT, PAT 678 N HEDGECOCK SQUARE SATELLITE BEACH, FL 32937 US				FANTO, KELLY 334 LANTERNBACK ISLAND DR. SATELLITE BEACH, FL 32937 US			
The above in the State	named entit of Florida.	ty submits t	his statement for the purpose o	f changing it	s registere	d office or	registered agent, or both,
SIGNATURE: KELLY FANTO				09/01/2008			
	Electr	ronic Signat	ture of Registered Agent				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MOORE, BE 601 SEAGUI		:2937	Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	WRIGHT, PA	() Delete AT GECOCK SQU BEACH, FL 3		Title: Name: Address: City-St-Zip:	RS LEE, MARIE 300 SCORF SATELLITE		
Title:	V	() Delete		Title:	V	(X) Change	() Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

MICHOCKI, CHRIS

300 SCORPION COURT

SATELLITE BEACH, FL 32937

() Change () Addition

SIGNATURE: KELLY FANTO T 09/01/2008