

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002563

FILED
May 24, 2009
Secretary of State

Entity Name: DUNEDIN STIRLING SOCCER CLUB, INC.

Current Principal Place of Business:

1620 VIRGINIA STREET
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

981 JERRY LAKE CT.
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 59-3224400 **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:

COLLETT, LEO
546 LOUDEN AVE
DUNEDIN, FL 34698 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: VD () Delete
Name: TOBIN, DON
Address: 7099 SUNSET DRIVE
City-St-Zip: PASADENA, FL 33707

Title: D () Delete
Name: SLATER, GABE
Address: 1614 LONG STREET
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: GOW, JEFF
Address: 1140 MARY JANE LN
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: MOON, DON
Address: 300 BUTTONWOOD
City-St-Zip: DUNEDIN, FL 34698

Title: P () Delete
Name: COLLETTE, LEO
Address: LOUDEN AVE
City-St-Zip: DUNEDIN, FL 34698

Title: DS () Delete
Name: MURPHY, STEPHANIE
Address: 1164 RIDGE GRAVE DR W
City-St-Zip: PALM HARBOR, FL 34683

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
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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: LEO COLLETT

P

05/24/2009

Electronic Signature of Signing Officer or Director

Date