# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 17, 2007**
**Secretary of State**

DOCUMENT# N93000002951

**Entity Name:** MAKO SOCCER CLUB, INC.

**Current Principal Place of Business:**

PO BOX 880262
PORT ST LUCIE, FL 349880262

**New Principal Place of Business:**

1585 CASHMERE BLVD
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

PO BOX 880262
PORT ST LUCIE, FL 349880262

**New Mailing Address:**

1585 CASHMERE BLVD
PORT ST LUCIE, FL 34986

**FEI Number: 65-0425929** **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:**

BUTALA, MICHELLE
1698 SW AVILA ST
PORT SAINT LUCIE, FL 34953 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: PD ( ) Delete
Name: NICHOLAS, BUTALA
Address: 1698 SW AVILA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD ( ) Delete
Name: LINDSTADT, SHIRLEY
Address: 3263 DANIELS ST.
City-St-Zip: FORT PIERCE, FL 34981

Title: VD ( ) Delete
Name: MERONE, TINO
Address: 211 SW MARATHAN
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: SD ( ) Delete
Name: ADKINS, ANDREA
Address: 1245 SW BRIARWOOD DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD ( ) Delete
Name: BUTALA, MICHELLE
Address: 1698 SW AVILA ST.
City-St-Zip: PORT SAINT LUCIE, FL 34953

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

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: LINDSTADT, KEVIN
Address: 3263 DANIELS ST
City-St-Zip: FORT PIERCE, FL 34981

Title: SD (X) Change ( ) Addition
Name: BLAIR, DONNA
Address: 3331 SE LUDLOW ST.
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: MICHELLE BUTALA TD 07/17/2007

Electronic Signature of Signing Officer or Director — Date