

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002951

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MAKO SOCCER CLUB, INC.

## Current Principal Place of Business:

1585 CASHMERE BLVD  
PORT ST LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

1585 CASHMERE BLVD  
PORT ST LUCIE, FL 34986

## New Mailing Address:

FEI Number: 65-0425929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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 (X) Delete  
Name: LINDSTADT, KEVIN  
Address: 3263 DANIELS ST  
City-St-Zip: FORT PIERCE, FL 34981

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

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: VD (X) Change ( ) Addition  
Name: DIBERNARDO, PETE  
Address: 6609 NW OMEGA RD  
City-St-Zip: PORT ST LUCIE, FL 34953

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

Title: SD (X) Change ( ) Addition  
Name: YOUNG, LESLIE  
Address: 2591 SE JASON AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

04/30/2008

Electronic Signature of Signing Officer or Director

Date