

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000816

FILED
Apr 14, 2008
Secretary of State

Entity Name: SATELLITE BEACH SOCCER CLUB, INC.

Current Principal Place of Business:

1089 SOUTH PATRICK DR.
SATELLITE BEACH, FL 32937 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 372615
SATELLITE BEACH, FL 32937 US

New Mailing Address:

FEI Number: 59-3388236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, JAMES R
235 SHERWOOD AVE
SATELLITE BEACH, FL 32937 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: OUELLETTE, SCOTT
Address: 568 HAWKSBILL ISLAND DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: RD () Delete
Name: BERRY, JAMES
Address: 235 SHERWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: AR () Delete
Name: BERRY, PAMELA
Address: 235 SHERWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32935

Title: TD () Delete
Name: GREISAMER, SALLY
Address: 270 ELLWOOD AVE
City-St-Zip: SATELLITE BEACH, FL 32937

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
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: JAMES R BERRY

RD

04/14/2008

Electronic Signature of Signing Officer or Director

Date