2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000816

Entity Name: SATELLITE BEACH SOCCER CLUB, INC.

Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1089 SOUTH PATRICK DR SATELLITE BEACH, FL 32937 US

Current Mailing Address: New Mailing Address:

PO BOX 372615

SATELLITE BEACH, FL 32937 US

FEI Number: 59-3388236 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERRY, JAMES R 235 SHÉRWOOD AVE

SATELLITE BEACH, FL 32937 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition OUELLETTE, SCOTT Name: BERRY, JAMES Name: 568 HAWKSBILL ISLAND DR Address: 235 SHERWOOD AVE Address: City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

Title: RD () Delete Title: (X) Change () Addition BERRY, JAMES Name: OUELLETTE, SCOTT Name: Address: Address:

235 SHERWOOD AVE 568 HAWKSBILL ISLAND DR City-St-Zip: SATELLITE BEACH, FL 32937 City-St-Zip: SATELLITE BEACH, FL 32937

Title: AR () Delete Title: (X) Change () Addition BERRY, PAMELA GRAHAM, ANNE Name: Name:

235 SHERWOOD AVE 685 KENWOOD CT Address: Address: City-St-Zip: SATELLITE BEACH, FL 32935 City-St-Zip: SATELLITE BEACH, FL 32937

() Delete Title: TD Title: () Change () Addition

Name: GREISAMER, SALLY Name: Address: 270 ELLWOOD AVE Address: City-St-Zip: SATELLITE BEACH, FL 32937 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 PD 04/17/2009