

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070723

FILED
Apr 14, 2009
Secretary of State

Entity Name: ORLANDO SPORTSPLEX, INC.

Current Principal Place of Business:

8701 MAITLAND SUMMIT BLVD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

8701 MAITLAND SUMMIT BLVD
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-3369910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VANDER WEIDE, ROBERT A
Address: 8701 MAITLAND SUMMIT BLVD
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: TUBERGEN, JERRY L
Address: 126 OTTAWA NW
City-St-Zip: GRAND RAPIDS, MI

Title: VTD () Delete
Name: SCHIERBEEK, ROBERT
Address: 126 OTTAWA NW
City-St-Zip: GRAND RAPIDS, MI

Title: D () Delete
Name: PARADIS, BRIAN
Address: 601 EAST ROLLINS STREET
City-St-Zip: ORLANDO, FL

Title: SD () Delete
Name: CUMMINGS, DES D JR
Address: 601 EAST ROLLINS ST
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: MORRISON, R E
Address: 601 E ROLLINS ST
City-St-Zip: ORLANDO, FL 32803

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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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A VANDERWEIDE

PD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date