

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000249

**FILED**  
**Feb 09, 2014**  
**Secretary of State**  
**CC6879178026**

**Entity Name:** LAKE COUNTY SOCCER CLUB, INC.

**Current Principal Place of Business:**

27343 STATE RD. 19  
TAVARES, FL 32778

**Current Mailing Address:**

27343 STATE RD. 19  
TAVARES, FL 32778

**FEI Number:** 77-0710758

**Certificate of Status Desired:** No

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

KHOURI, NAJI S  
27343 STATE RD. 19  
TAVARES, FL 32778 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VTD  
Name KHOURI, NAJI S  
Address 27343 STATE RD. 19  
City-State-Zip: TAVARES FL 32778

Title SD  
Name GRANT, RACHEL R  
Address 27343 STATE RD. 19  
City-State-Zip: TAVARES FL 32778

Title D  
Name VERKAIK, DARYL J  
Address 27343 STATE RD. 19  
City-State-Zip: TAVARES FL 32778

Title D  
Name SMITH, MATTHEW  
Address 27343 STATE RD. 19  
City-State-Zip: TAVARES FL 32778

Title D  
Name RODRIGUES, VENILDE  
Address 27343 STATE RD. 19  
City-State-Zip: TAVARES FL 32778

Title DIRECTOR  
Name ANDREWS, MICHAEL  
Address 27343 STATE RD. 19  
City-State-Zip: TAVARES FL 32778

*I hereby 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 all other like empowered.*

**SIGNATURE:** NAJI S. KHOURI

VTD

02/09/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date