

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000249

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

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

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

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

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

Title SECRETARY, DIRECTOR
Name DURANT, LISA
Address 27343 STATE RD. 19
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name MARTINEZ, HOLLY
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

TREASURER

04/03/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date