

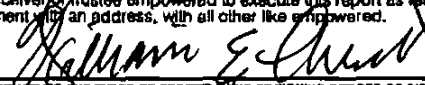
JAN-08-2007(MON) 09:49

PHILIP CARLIN & ASSOC

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90075 020 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 739206					
1. Entity Name CENTRAL FLORIDA UNITED SOCCER CLUB, INCORPORATED					
Principal Place of Business 6964 ALOMA AVE. WINTER PARK, FL 32792			Mailing Address 6964 ALOMA AVE. WINTER PARK, FL 32792		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1952876	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CARLIN, PHILIP 125 S. SWOOPE AVE SUITE #104 MAITLAND, FL 32751			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. I, the above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when transferring)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHRISTIE, WILLIAM JR		NAME		
STREET ADDRESS	3520 WILD EAGLE RUN		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32766		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WILCOX, GARY		NAME		
STREET ADDRESS	920 MANCHESTER AVE.		STREET ADDRESS		
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP		
TITLE	3VP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	PERREAULT, MARK		NAME	Jose Gainza	
STREET ADDRESS	1120 KEWANNEE TRAIL		STREET ADDRESS	5175 LK. Howell Dr.	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	ST	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	CALISLE, ISABELLE		NAME	Manfred McRory	
STREET ADDRESS	2865 ALOMA LAKE RUN		STREET ADDRESS	1909 Center Ave.	
CITY-ST-ZIP	OVIEDO, FL 32765		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 1/21/07 407-695-4957		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40013657



01082007 Chg-NP CR2E037 (12/06)