

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739206

FILED
Jun 30, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA UNITED SOCCER CLUB, INCORPORATED

Current Principal Place of Business:

6964 ALOMA AVE.
WINTER PARK, FL 32792

New Principal Place of Business:

6964 ALOMA AVE.
WINTER PARK, FL 32792-700 US

Current Mailing Address:

6964 ALOMA AVE.
WINTER PARK, FL 32792

New Mailing Address:

6964 ALOMA AVE.
WINTER PARK, FL 32792-700 US

FEI Number: 59-1952876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CARLIN, PHILIP
125 S. SWOOPE AVE SUITE #104
MAITLAND, FL 32751 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FILLIBEN, ED
Address: 2428 SHEAL CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: VPD () Delete
Name: WILCOX, GARY
Address: 920 MANCHESTER AVE.
City-St-Zip: OVIEDO, FL 32765

Title: ST () Delete
Name: CALISLE, ISABELLE
Address: 2865 ALOMA LAKE RUN
City-St-Zip: OVIEDO, FL 32675

Title: 2VP () Delete
Name: MCRORY, MANFRED
Address: 1909 CENTER AVE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FILLIBEN, ED
Address: 2428 SHOAL CREEK CT.
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: DICKENS, KEN
Address: 839 BIG BUCK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: 2VP (X) Change () Addition
Name: ROBERTS, TIM
Address: 1121 AMANDA KAY CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: SECT () Change (X) Addition
Name: KLEEB, MARK
Address: 781 PICKERINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

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: EDWARD FILLIBEN

PRES

06/30/2009

Electronic Signature of Signing Officer or Director

Date