

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746756

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ORMOND BEACH SOCCER CLUB, INC.

**Current Principal Place of Business:**

700 HULL ROAD  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 730664  
ORMOND BEACH, FL 32173664 US

**New Mailing Address:**

**FEI Number:** 59-1994108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYATT, GLORIA E  
19 WALNUT LANE  
ORMOND BEACH, FL 32174 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: PD ( ) Delete  
Name: WYATT, GLORIA  
Address: 19 WALNUT LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: BOWLING, ROBERT  
Address: 5 CHOCTAW TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD ( ) Delete  
Name: VISCARRA, VICKIE  
Address: 23 BLACK PINE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: ARNOLD, JASON  
Address: 222WILMETTE AV  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete  
Name: JAMES, DAVID  
Address: 9 CROSSING TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: CUST, SEAN  
Address: 501 FIRWOOD DR.  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: JAMES, LEBLANC  
Address: 12 OLD MCDUFFIE CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: D (X) Change ( ) Addition  
Name: SAL, IAMARINO  
Address: 1885 SPRUCE CREEK BLVD. E  
City-St-Zip: PORT ORANGE, FL 32128

Title: D (X) Change ( ) Addition  
Name: JAMES, DAVID  
Address: 9 CROSSING TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD (X) Change ( ) Addition  
Name: CUST, SEAN  
Address: 501 FIRWOOD DR.  
City-St-Zip: DELTONA, FL 32725

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: GLORIA E. WYATT

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date