


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 751039 1. Entity Name SEMINOLE SOCCER CLUB, INC.	
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Principal Place of Business 7390 MARKHAM RD. SANFORD, FL 32771	Mailing Address P.O. BOX 915425 LONGWOOD, FL 32791-5425
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2074729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NERI, JOE
C/O SEMINOLE SOCCER CLUB, INC.
1751 RUTLEDGE RD
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NERI, JOSEPH 1751 RUTLEDGE RD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SHEFFIELD, TAMMI 2310 OAK DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAZZA, KRISTEN 300 BRANTLEY HARBOR DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000006371
01/16/04-80031-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6 2004
Date

Daytime Phone #