2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 751039

Entity Name: SEMINOLE SOCCER CLUB, INC.

Current Principal Place of Business:

1900 SEMINOLE SOCCER LOOP
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1900 SEMINOLE SOCCER LOOP
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2074729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLENBACK, WILLIAM
C/O SEMINOLE SOCCER CLUB, INC.
1900 SEMINOLE SOCCER LOOP
SANFORD, FL 32771 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:	DS	( ) Delete
Name:	JULIUS, HAJAS	
Address:	1900 SEMINOLE SOCCER LOOP	
City-St-Zip:	SANFORD, FL 32771	
Title:	DVP	( ) Delete
Name:	HOLMES, PAUL	
Address:	1900 SEMINOLE SOCCER LOOP	
City-St-Zip:	SANFORD, FL 32771	
Title:	DP	( ) Delete
Name:	HOLLENBACK, WILLIAM	
Address:	469 TRADITION LANE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	DT	( ) Delete
Name:	SKIKO, ED	
Address:	1900 SEMINOLE SOCCER LOOP	
City-St-Zip:	SANFORD, FL 32771	
Title:	D	( ) Delete
Name:	NERI, JOSEPH	
Address:	1751 RUTLEDGE ROAD	
City-St-Zip:	LONGWOOD, FL 32779	
Title:	D	( ) Delete
Name:	TRIMARCO, DOUG	
Address:	1900 SEMINOLE SOCCER LOOP	
City-St-Zip:	SANFORD, FL 32771	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DP	(X) Change ( ) Addition
Name:	HOLLENBACK, WILLIAM	
Address:	1900 SEMINOLE SOCCER LOOP	
City-St-Zip:	SANFORD, FL 32771	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: WILLIAM HOLLENBACK DP 03/19/2009

Electronic Signature of Signing Officer or Director — Date