FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751090 (2)

1. Corporation Name
CLAY COUNTY SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2670 ORANGE PARK FL 32067-2670	P.O. BOX 2670 ORANGE PARK FL 32067-2670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1981194 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIE, JAMES H.
2821 BOLTAN SUITE A
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	HAAG, CYNTHIA	1.2 NAME	
STREET ADDRESS	1540 BEMINI CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSSI, CHARLIE	2.2 NAME	
STREET ADDRESS	5234 RAINEY AVE E	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	WHITE, PEGGY	3.2 NAME	Fletcher, Mike
STREET ADDRESS	1975 LAKESHORE DR., N.	3.3 STREET ADDRESS	2638 Whipple Ave
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Orange Park Fl 32073
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	REED, KAREN	4.2 NAME	Wright, Debbie
STREET ADDRESS	1703 SHORELINE PLACE	4.3 STREET ADDRESS	2405 Kirkwall Ct
CITY-ST-ZIP	ORANGE PARK FL	4.4 CITY-ST-ZIP	Orange Park Fl 32065
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia Haag 3/15/95 904-264-1013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Cynthia Haag

0028463