

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90168 034 ****61.25

DOCUMENT # 751090

1. Entity Name
CLAY COUNTY SOCCER CLUB, INC.



Principal Place of Business
**4387 LAKESHORE DRIVE
ORANGE PARK, FL 32073**

Mailing Address
**P.O. BOX 2670
ORANGE PARK, FL 32067-2670**

20048317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1981194

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MATULONIS, MARK J**
CITY-ST-ZIP **1604 RUSTLING DRIVE
ORANGE PARK, FL 32003**

TITLE ☒ Change ☐ Addition
NAME **Matulonis, Mark J**
STREET ADDRESS **2186 Harbor Lake Drive**
CITY-ST-ZIP **Orange Park, FL 32003**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DOOLEY, MIKE**
CITY-ST-ZIP **1893 SUWANNEE RIVER DRIVE
ORANGE PARK, FL 32003**

TITLE ☐ Change ☒ Addition
NAME **C**
STREET ADDRESS **Mike Tierney**
CITY-ST-ZIP **1461 Silver Bell Ln
Orange Park, FL 32003**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PIERCE, MIKE**
CITY-ST-ZIP **1605 HAMPTON PL
ORANGE PARK, FL 32003**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Mike Casey**
CITY-ST-ZIP **1667 Sandy Springs Dr
Orange Park, FL 32003**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BRANZ, LARRY**
CITY-ST-ZIP **1805 VISTA LAKES DRIVE
ORANGE PARK, FL 32003**

TITLE ☐ Change ☒ Addition
NAME **3**
STREET ADDRESS **Richard Lemire**
CITY-ST-ZIP **2929 Plaineview Pl
Green Cove Springs, FL 32043**

TITLE ☒ Delete
NAME **C**
STREET ADDRESS **MINICK, MIKE**
CITY-ST-ZIP **2652 BEAUMONT CT
ORANGE PARK, FL 32065**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Joe Watson**
CITY-ST-ZIP **238 Old Hard Rd
Orange Park, FL 32003**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **SPANBAUER, SUE**
CITY-ST-ZIP **1184 SURREY GLEN ROAD
MIDDLEBURG, FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Matulonis **Mark Matulonis, Treasurer 4-20-05 (904) 288-2474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #