

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751090

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: CLAY COUNTY SOCCER CLUB, INC.

**Current Principal Place of Business:**

4387 LAKESHORE DRIVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9148  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

FEI Number: 59-1981194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROOKS, JODY L  
1999 BLUEBONNET WAY  
ORANGE PARK, FL 32003 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: C ( ) Delete  
Name: WOLFENBARGER, WAYNE  
Address: 560 LITTLE FOX DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: T ( ) Delete  
Name: THOMAS, III, THOMAS P  
Address: 1471 WALNUT CREEK DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: S ( ) Delete  
Name: SKINNER, FREDRICK P  
Address: 4387 LAKESHORE DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: MCCARTIN, VALERIE L  
Address: 1920 FOX GROVE LN  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: DAVIS, TONY  
Address: 2329 STONEY GLEN DR  
City-St-Zip: ORANGE PARK, FL 32003

Title: D ( ) Delete  
Name: BROOKS, JODY L  
Address: 1999 BLUEBONNET WAY  
City-St-Zip: ORANGE PARK, FL 32003

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

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

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

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

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: THOMAS P. THOMAS III

MR.

02/06/2009

Electronic Signature of Signing Officer or Director

Date