

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91007 008 ****61.25

DOCUMENT # 755338

1. Entity Name
PORT ST. LUCIE SOCCER CLUB, INC.



Principal Place of Business
**700 SW CARMELITE ST
PORT ST. LUCIE, FL 34983 US**

Mailing Address
**700 SW CARMELITE ST
PORT ST. LUCIE, FL 34983 US**

24067493



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0889466

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCHOONMAKER, RICHARD
6696 S. US 1
PORT SAINT LUCIE, FL 34953**

Name **Richard Schoonmaker**
Street Address (P.O. Box Number is Not Acceptable)
1948 SE Port St Lucie Blvd
City **Port St Lucie** FL **34952**

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 **Richard Schoonmaker**

DATE **4/29/04**

(NOTE: Registered Agent signature required when reinstating)

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

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 **MIKE, GAZZELLA**
STREET ADDRESS **2621 SW HAMDEN RD**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

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

TITLE ☐ Delete
NAME **T CURRIE, MICHELE**
STREET ADDRESS **1961 SW CAPRADOR ST**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

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

TITLE ☐ Delete
NAME **TAMMY, HARRIS**
STREET ADDRESS **1070 SW JENNIFER ROAD**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE ☒ Change ☐ Addition
NAME **Tammy Harris**
STREET ADDRESS **6002 Citrus Ave**
CITY-ST-ZIP **FT Pierce, FL 34982**

TITLE ☐ Delete
NAME **D ALFREDO, MORA**
STREET ADDRESS **1102 SSW HUTCHINS ST**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

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

TITLE ☒ Delete
NAME **JACK, DIGIORGIA**
STREET ADDRESS **1907 SEMANDRAKE CIRCLE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

TITLE ☐ Change ☒ Addition
NAME **VP Julian Harris**
STREET ADDRESS **6002 Citrus Ave**
CITY-ST-ZIP **FT Pierce, FL 34982**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Michele Currie** 4/29/04 772-260-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #