

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755338

FILED  
Jul 12, 2005  
Secretary of State

**Entity Name:** PORT ST. LUCIE SOCCER CLUB, INC.

**Current Principal Place of Business:**

700 SW CARMELITE ST  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 SW CARMELITE ST  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 65-0889466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SCHOONMAKER, RICHARD  
1948 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952 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: P ( ) Delete  
Name: MIKE, GAZZELLA  
Address: 2621 SW HAMDEN RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete  
Name: CURRIE, MICHELE  
Address: 1961 SW CAPRADOR ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S ( ) Delete  
Name: TAMMY, HARRIS  
Address: 6002 CITRUS AVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D (X) Delete  
Name: ALFREDO, MORA  
Address: 1102 SSW HUTCHINS ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete  
Name: HARRIS, JULIAN  
Address: 6002 CITRUS AVE  
City-St-Zip: FORT PIERCE, FL 34982

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

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

Title: T (X) Change ( ) Addition  
Name: DUNN, KAREN  
Address: 700 SW CARMELITE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983 18

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 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 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: MIKE GAZZELLA

D

07/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date