2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #760179

FILED Mar 17, 2004 8:00 am Secretary of State

03-17-2004 90018 036 ****61.25

Entity Name WEST CITRUS SOCCER CLUB, INC.									
4510 S. GRANDMARCH A. HOMOSASSA, FL 34446 US 1		Mailing Address WILLIAM'S, MCRANIE & SUTTON, PA 154 S.E. 7TH AVE CRYSTAL RIVER, FL 34429 US) (COM) (TILD OM)		10003: Minimili	4	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03052004 Ct	hg-NP	CR2E03	7 (10/03)	
City & State		City & State	City & State		4. FEI Number 59-244568	31		<u> </u>	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		\$8.75 Add Fee Requires	
6. Name and Address of Current Registers		egistered Agent		7. Name and Address of New Registered A					
\			Name						<u> </u>
	SED FOOT CT		Street Add		ss (P.O. Box Number is Not Acceptable)				
HOMOSASSA, FL 34446					-				
			City				FL	Zip Code	3
8. The above	named entity submits this statement for	the purpose of changing its	registered office o	r register	ed agent, or both, in	the State of F	Porida. I am f	amiliar with.	and accept
the obligati	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOT	E: Registered Agent signa	ture required	when reinstating)		DATE		-
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS	11,	-	ADDITIONS/CHANG	ES TO OFFICE	ERS AND DIF	RECTORS IN	10
TITLE	PD	Delete	IMLE	PR	ESIDENT/TR	EASURE	R	Change	Addition
NAME	DUDEK, LINDA		NAME	WE	LLS, RAY				
- STREET ADDRESS CITY-ST-ZIP	208 NORTH BIG OAKS PLACE		STREET ADDRESS	1	W. WINGED MOSASSA, F	FOOT C	Ţ ,		
	SD SD		CITY-ST-ZIP	HC	IMILISASSA H	L 3444	4/14		
TITLE NAME	FLEMING, RALPH	☐ Delete							(CP) • 22700 -
STREET ADDRESS	1 CE141114 Q, 1 Q C, 1 1 1		MARKE	VI	CE-PRESIDE	ENT		☐ Change	X Addition
CITY-ST-ZIP	421 N. DUNKENFIELD AVENUE		NAME STREET ADDRESS	MC	CE-PRESIDE	NT [G	M ST.	☐ Change	X Addition
UIT-31-4F	421 N. DUNKENFIELD AVENUE CRYSTAL RIVER, FL 34429		NAME	VI MC 25	CE-PRESIDE CNALL, CRAI 527 W. ELM	ENT IG BLOSSON		Change	★ Addition
IIILE		☐ Delate	NAME Street address	VI MC 25 BF	CCE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILI	ENT IG BLOSSON	M ST. 34465	Change	X Addition
TITLE	CRYSTAL RIVER, FL 34429 TD WELLS, RAY	☐ Delcte	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VI MC 25 BE	CE-PRESIDE CNALL, CRAI 527 W. ELM	ENT IG BLOSSON LS, FL			
TITLE MAME STREET ADDRESS	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465		
NAME STREET ADDRESS CITY-SI-ZIP	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447		NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL ECRETARY DNSOL, DANI	ENT IG BLOSSON LS, FL ITA LANE	34465	☐ Change	∑ Addition
INILE NAME STREET ADDRESS CITY-SI-ZIP TITLE	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447 D	Delete	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465		
NAME STREET ADDRESS CITY-SI-ZIP	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447	₹ Delete	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465	☐ Change	∑ Addition
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447 D CALLAWAY, MIKE	₹ Delete	NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465	☐ Change	∑ Addition
IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447 D CALLAWAY, MIKE 622 WEST STARJASMINE PLACE	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465	☐ Change	∑ Addilion
IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447 D CALLAWAY, MIKE 622 WEST STARJASMINE PLACE BEVERLY HILLS, FL 34465 D DENNY, MATT	₹ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465	☐ Change	☑ Addition ☐ Addition
IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447 D CALLAWAY, MIKE 622 WEST STARJASMINE PLACE BEVERLY HILLS, FL 34465 D DENNY, MATT 164 WEST CHASE STREET	Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465 46	☐ Change	☑ Addition ☐ Addition
IIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRYSTAL RIVER, FL 34429 TD WELLS, RAY 1 W. WINGED FOOT CT HOMOSASSA, FL 34447 D CALLAWAY, MIKE 622 WEST STARJASMINE PLACE BEVERLY HILLS, FL 34465 D DENNY, MATT 164 WEST CHASE STREET HERNANDO, FL 34442	E Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI MC 25 BF CC 77	CE-PRESIDE CNALL, CRAI 527 W. ELM EVERLY HILL CCRETARY DNSOL, DANI 749 W. INN	ENT IG BLOSSON LS, FL ITA LANE	34465	☐ Change	Addition Addition
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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: TAY WELLS 3-10-04 352-382-1819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date