

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 760179</b> 1. Entity Name <b>WEST CITRUS SOCCER CLUB, INC.</b>					
Principal Place of Business <b>4510 S. GRANDMARCH A.</b> <b>HOMOSASSA, FL 34446 US</b>			Mailing Address <b>WILLIAM'S, MCRANIE &amp; SUTTON, PA</b> <b>154 S.E. 7TH AVE</b> <b>CRYSTAL RIVER, FL 34429 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WELLS, RAY</b> <b>1 W. WINGED FOOT CT</b> <b>HOMOSASSA, FL 34446</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>DUDEK, LINDA</b> <b>208 NORTH BIG OAKS PLACE</b> <b>LECANTO, FL 34461</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT/TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WELLS, RAY</b> <b>1 W. WINGED FOOT CT</b> <b>HOMOSASSA, FL 34446</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>FLEMING, RALPH</b> <b>421 N. DUNKENFIELD AVENUE</b> <b>CRYSTAL RIVER, FL 34429</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MENALL, CRAIG</b> <b>2527 W. ELM BLOSSOM ST.</b> <b>BEVERLY HILLS, FL 34465</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>WELLS, RAY</b> <b>1 W. WINGED FOOT CT</b> <b>HOMOSASSA, FL 34447</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CONSOL, DANITA</b> <b>7749 W. INN LANE</b> <b>HOMOSASSA, FL 34446</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CALLAWAY, MIKE</b> <b>622 WEST STARJASMINE PLACE</b> <b>BEVERLY HILLS, FL 34465</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DENNY, MATT</b> <b>164 WEST CHASE STREET</b> <b>HERNANDO, FL 34442</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DAT</b> <b>MCGOWAN, TERRI</b> <b>5038 W. SAGO PALM COURT</b> <b>LECANTO, FL 34461</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Ray Wells</i> RAY WELLS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-10-04 352-382-1819</b> <small>Date Daytime Phone #</small>		

14000315



03052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2445681**

Applied For  
Not Applicable

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