

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90120 013 ****61.25

DOCUMENT # N01000007831

1. Entity Name
SUMTER COUNTY YOUTH SOCCER CLUB, INC.



Principal Place of Business
6991 S.W. 35TH AVENUE
BUSHNELL, FL 33513

Mailing Address
6991 S.W. 35TH AVENUE
BUSHNELL, FL 33513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3759419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOVETT, RICHARD
6991 S.W. 35TH AVENUE
BUSHNELL, FL 33513

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 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

TITLE PTD ☐ Delete
NAME LOVETT, RICHARD
STREET ADDRESS 6991 SW 35 AVE
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE VPD ☒ Delete
NAME COPOLUPO, JOHN
STREET ADDRESS 6770 SW 93 ROAD
CITY-ST-ZIP BUSHNELL, FL 33513

TITLE SD ☒ Delete
NAME RAY, KAREN
STREET ADDRESS PO BOX 782
CITY-ST-ZIP WEBSTER, FL 33587

TITLE M ☐ Delete
NAME CROSH, NOVELLA
STREET ADDRESS 7428 CR 736
CITY-ST-ZIP CENTER HILL, FL 33514

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD Crosby, ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Leachman, Jennifer ☐ Change ☒ Addition
NAME 302 Denham St.
STREET ADDRESS Wildwood, FL 34785
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:

Novella W. Crosby Novella W. Crosby

082904

352-429-4270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #