

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90175 016 ****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 302 Denham St Suite, Apt. #, etc.		3. Mailing Address 302 Denham St Suite, Apt. #, etc.	
City & State Wildwood, FL Zip 34785 Country USA		City & State Wildwood, FL Zip 34785 Country USA	
4. FEI Number 59-3759419		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Jennifer Leachman Street Address (P.O. Box Number is Not Acceptable) 302 Denham St City Wildwood FL Zip Code 34785	
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 <i>Jennifer Leachman</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/26/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOVETT, RICHARD 6991 SW 35 AVE BUSHNELL, FL 33513 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jennifer Leachman 302 Denham St Wildwood, FL 34785 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROSBY, NOVELLA 7428 CR 736 CENTER HILL, FL 33514 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tanya Bennett 2506 CR 405 Lake Panasoffkee, FL 33538 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEACHMAN, JENNIFER 302 DENHAM ST WILDWOOD, FL 34785 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Leta Allis 8515 Central Ave Lecman, FL 33521 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: <i>Jennifer Leachman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/26/05 DAYTIME PHONE # 352-748-6744	