

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2006 8:00 am**  
**Secretary of State**

07-27-2006 90017 022 \*\*\*\*61.25

DOCUMENT # N01000007831

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



40100929



Principal Place of Business  
302 DENHAM ST  
WILDWOOD, FL 34785

Mailing Address  
302 DENHAM ST  
WILDWOOD, FL 34785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

LEACHMAN, JENNIFER  
302 DENHAM ST  
WILDWOOD, FL 34785

Name *Richard Lovett*

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

*6991 SW 35th Ave*

City *Bushnell*

FL Zip Code *33513*

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]*

*Richard Lovett*

*7/25/06*

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 May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LEACHMAN, JENNIFER ☒ Delete  
STREET ADDRESS 302 DENHAM ST  
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE *Richard Lovett* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *6991 SW 35th Ave*  
CITY-ST-ZIP *Bushnell FL 33513* PD

TITLE TD  
NAME CROSBY, NOVELLA ☒ Delete  
STREET ADDRESS 7428 CR 736  
CITY-ST-ZIP CENTER HILL, FL 33514

TITLE *Mike Todd* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *3303 CR 714*  
CITY-ST-ZIP *Center Hill, FL 33514* VD

TITLE SD  
NAME LEACHMAN, JENNIFER ☒ Delete  
STREET ADDRESS 302 DENHAM ST  
CITY-ST-ZIP WILDWOOD, FL 34785

TITLE *Jennifer Todd* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *3303 CR 714*  
CITY-ST-ZIP *Center Hill FL 33514* SD

TITLE VD  
NAME BENNETT, TANYA ☒ Delete  
STREET ADDRESS 2506 CR 405  
CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538

TITLE *Robbie Van Hoijdonk* ☐ Change ☒ Addition  
NAME  
STREET ADDRESS *110 N. Florida St.*  
CITY-ST-ZIP *Bushnell FL 33513* TD

TITLE SD  
NAME ALLIS, LETA ☒ Delete  
STREET ADDRESS 85115 CENTRAL AVE  
CITY-ST-ZIP COLEMAN, FL 33521

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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:

*[Signature]*

*Richard Lovett*

*7/25/06 (813) 867-7635*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #