

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000644

FILED
Mar 27, 2006
Secretary of State

Entity Name: INTER-UNITED SOCCER CLUB CORPORATION

Current Principal Place of Business:

2023 N. ROCK SPRINGS ROAD
APOPKA, FL 32712

New Principal Place of Business:

2320 N. ROCK SPRINGS ROAD
APOPKA, FL 32712

Current Mailing Address:

P.O. BOX 1477
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-3461835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, JIM
572 MOONBEAM RD.
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWELL, JIM
Address: 572 MOONBEAM RD.
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: MATTHEWS, DOUG
Address: 2915 AUTUMN WOOD TRAIL
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: DOERK, RUSSELL
Address: 501 N LK SYBELLA DR
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: PARRISH, NOELLE
Address: 1828 SPARKLING WATER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: HAYS, TODD
Address: 309 MCCOY VILLAGE CT
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: POWELL, JEN
Address: 572 MOONBEAM RD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAYS, TODD
Address: 309 MCCOY VILLAGE CT
City-St-Zip: APOPKA, FL 32712

Title: D (X) Change () Addition
Name: POWELL, JEN
Address: 572 MOONBEAM RD.
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD HAYS

T

03/27/2006

Electronic Signature of Signing Officer or Director

Date