2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N02000000644

Entity Name: INTER-UNITED SOCCER CLUB CORPORATION

Current Principal Place of Business:

2320 N. ROCK SPRINGS ROAD
APOPKA, FL 32712

New Principal Place of Business:

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	(X) Delete
Name:	PARRISH, NOELLE	
Address:	1828 SPARKLING WATER CIRCLE	
City-St-Zip:	OCOEE, FL 34761	
Title:	T	( ) Delete
Name:	HAYS, TODD	
Address:	309 MCCOY VILLAGE CT	
City-St-Zip:	APOPKA, FL 32712	
Title:	D	( ) 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: JIM POWELL P 04/28/2008

Electronic Signature of Signing Officer or Director — Date