

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90201 028 \*\*\*\*61.25

**DOCUMENT # N03000002993**

1. Entity Name  
**VALRICO YOUTH SOCCER CLUB, INC.**



Principal Place of Business  
**KEITH WALLER PARK  
SYDNEY DOVER ROAD  
VALRICO, FL 33595**

Mailing Address  
**VALRICO YOUTH SOCCER CLUB  
P.O. BOX 1761  
VALRICO, FL 33595**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-0017146**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HACKER, MICHAEL A PRES.  
5701 EAGLEPOINT PLACE  
LITHIA, FL 33547**

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 May 1, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HACKER, MICHAEL A  
5701 EAGLEPOINT PLACE  
LITHIA, FL 33547 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BATTISTA, ERIC  
2920 HICKORY GROVE DRIVE  
VALRICO, FL 33594 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
Scott Donovan  
3956 Applegate Circle  
Brenton FL 33511 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HEADLEY, MIRIAM  
2202 VILLAGE PARK RD. #202  
PLANT CITY, FL 33563 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPU  
BUCKNER, MELISSA  
2934 HICKORY GROVE DRIVE  
VALRICO, FL 33594 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
Joseph Griffith  
520 Sportsman Park Drive  
Sessner FL 33584 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JONES, MICHAEL  
2208 WHITLOCK ST.  
DOVER, FL 33527 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D VPU  
Melissa Norton  
2408 clubhouse Drive  
Plant City FL 33566 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPO  
BENZ, JOE  
4814 WATER LAKE WAY  
VALRICO, FL 33594 ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-08