

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90081 012 ****61.25

DOCUMENT # N04000002677

1. Entity Name
OVER FORTY SOCCER CLUB, INC.



Principal Place of Business
**1359 BEACH AVE.
ATLANTIC BEACH, FL 32233**

Mailing Address
**1359 BEACH AVE.
ATLANTIC BEACH, FL 32233**

40013965



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLD, KATHLEEN H ESQ.
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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

John H Goelz
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: GOELZ, JOHN H
STREET ADDRESS: 1359 BEACH AVE.
CITY-ST-ZIP: ATLANTIC BEACH, FL 32233

TITLE: D
NAME: OSBORNE, HENRY P
STREET ADDRESS: 1632 BEACH AVE.
CITY-ST-ZIP: ATLANTIC BEACH, FL 32233

TITLE: D
NAME: SIDELSKY, RUSSELL B
STREET ADDRESS: 335 3RD ST.
CITY-ST-ZIP: ATLANTIC BEACH, FL 32233

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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:

John H Goelz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-07 904-654-4832