

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N04000006333	
1. Entity Name ST. CLOUD FC, INC.	

Principal Place of Business 201 OHIO AVE ST CLOUD FL 34769	Mailing Address 201 OHIO AVE ST CLOUD FL 34769
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 73-1712382	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DONALDSON, BARRY 201 OHIO AVE ST CLOUD FL 34769	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 (Applicable). (NOTE: Registered Agent Signature required when re-stating) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete P CASEY, STEVE 318 WISCONSIN AVE. SAINT CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete VP DONALDSON, BARRY 201 OHIO AVE SAINT CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete S MURRAY, DAVE 1139 EDEN DRIVE SAINT CLOUD FL 34771
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete T ALVARADO, GEORGE E 3438 CYPRESS POINT CIRCLE SAINT CLOUD FL 34772
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete R RUSSELL, KENT 221 MARYLAND AVE. SAINT CLOUD FL 34769
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 000000849793 03/21/08-80035-004 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barry Donaldson, BARRY DONALDSON 3-3-08 401951-0490