

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006333

FILED
Mar 23, 2009
Secretary of State

Entity Name: ST. CLOUD FC, INC.

Current Principal Place of Business:

201 OHIO AVE
ST CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

201 OHIO AVE
ST CLOUD, FL 34769

New Mailing Address:

FEI Number: 73-1712382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, BARRY
201 OHIO AVE
ST CLOUD, FL 34769 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: CASEY, STEVE
Address: 318 WISCONSIN AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP () Delete
Name: DONALDSON, BARRY
Address: 201 OHIO AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: S () Delete
Name: MURRAY, DAVE
Address: 1139 EDEN DRIVE
City-St-Zip: SAINT CLOUD, FL 34771

Title: T () Delete
Name: ALVARADO, GEORGE E
Address: 3438 CYPRESS POINT CIRCLE
City-St-Zip: SAINT CLOUD, FL 34772

Title: R () Delete
Name: RUSSELL, KENT
Address: 221 MARYLAND AVE.
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: BARRY DONALDSON

VP

03/23/2009

Electronic Signature of Signing Officer or Director

Date