

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006926

FILED
Apr 29, 2009
Secretary of State

Entity Name: SOUTHEAST VOLUSIA SOCCER CLUB, INC

Current Principal Place of Business:

6325 ENGRAM ROAD
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

6325 ENGRAM ROAD
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 75-3218498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHETTE, CHRIS
6325 ENGRAM ROAD
NEW SMYRNA BEACH, FL 32169 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: BLANCHETTE, CHRISTINE A
Address: 6325 ENGRAM ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DIR () Delete
Name: ROHAN, NEIL
Address: 4606 VAN KLEECK DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: DIR () Delete
Name: HERWALD, MARK
Address: 2801 SUNSET DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DIR () Delete
Name: WALTER, RANDY
Address: 2501 FAIRMONT AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TRES () Delete
Name: STANBRO, SHEILA
Address: 2820 TURNBULL BAY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SEC () Delete
Name: THENAULT, DEBBIE
Address: 6346 RIVER ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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
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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: CHRISTINE BLANCHETTE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date