

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005038

FILED
Apr 15, 2009
Secretary of State

Entity Name: ANCIENT CITY SOCCER, INC.

Current Principal Place of Business:

1440 CORUNNA ST
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

P O BOX 860217
ST AUGUSTINE, FL 32086

New Mailing Address:

PO BOX 885
ST AUGUSTINE, FL 32085

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROYAL, RICK
1440 CORUNNA ST
ST AUGUSTINE, FL 32080 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: PD () Delete
Name: ROYAL, RICK
Address: 1440 CORUNNA ST
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TD () Delete
Name: DAMUS, JEFF
Address: 5379 SOUNDVIEW AVE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: SD (X) Delete
Name: BERK, JANETTE
Address: 52 ST AUGUSTINE BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Delete
Name: CLUKEY, MICAH
Address: 106 N MATANZAS BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROYAL, RICK
Address: 1440 CORUNNA ST
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

Title: PD (X) Change () Addition
Name: CLUKEY, MICAH
Address: 106 N MATANZAS BLVD
City-St-Zip: ST AUGUSTINE, FL 32080

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: JEFF DAMUS

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date