


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90106 029 \*\*\*\*70.00

<b>DOCUMENT # N37684</b> 1. Entity Name <b>MAITLAND SOCCER CLUB, INC.</b>					
Principal Place of Business <b>601 N. ORLANDO AVE SUITE 201 MAITLAND, FL 32751 US</b>			Mailing Address <b>601 N. ORLANDO AVE SUITE 201 MAITLAND, FL 32751 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3006445</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAVENMIER, STANLEY A 800 NORTH MAGNOLIA AVENUE SUITE 1500 ORLANDO, FL 32803</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when nonstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OLSON, G 2500 CHINOOK TR MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER DEANN SHELTON 550 KAREN AVE. ALTA MONTE SPRINGS FL. 32701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MCCOY, DAVID 2611 MANDAN TRAIL WINTER PARK, FL 32789</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT WADE WHIPPO 1849 MISTY MORNING PLACE LONGWOOD, FL. 32779</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCCOY, GREGORY 1851 TEMPLE DRIVE WINTER PARK, FL 32789</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY NANCY AGUIRRE 623 MAYFAIR DRIVE ALTA MONTE SPRINGS, FL. 32701</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MALLARDI, ED 124 CAROLWOOD BLVD FERNPARK, FL 32730</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KEITHLY, DEANNA 2130 DYAN WAY MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT FERRON BROOKS 613 POWELL DRIVE ALTA MONTE SPRINGS, FL. 32701-6310</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BIBER, JOSEPH 1118 EDGEWATER COURT ORLANDO, FL 32804</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Ed Mallardi</i> <b>ED MALLARDI</b> <b>4/13/06</b> <b>407/267-7774</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					