

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90037 040 ****61.25

DOCUMENT # N48546

1. Entity Name

MELBOURNE BEACH SOCCER CLUB, INC.



Principal Place of Business

P.O. BOX 511012
MELBOURNE BEACH FL 32951

Mailing Address

P.O. BOX 511012
MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2433084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMMEE, JULIE
411 NIKOMAS WAY
MELBOURNE BEACH FL 32951

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Julie Williammee Head of Coaches

4/7/05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PVD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DEKE	
STREET ADDRESS	205 FLAMINGO LANE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TOB HOC	<input type="checkbox"/> Delete
NAME	WILLIAMMEE, JULIE	
STREET ADDRESS	411 NIKOMAS WAY	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCULTHORP, GRETCHEN	
STREET ADDRESS	5555 SOUTH HIGHWAY A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ARLENE SMITH, ARLENE	
STREET ADDRESS	P.O. BOX 511012	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILIPSKI, JEFF	
STREET ADDRESS	408 BAYVIEW BLVD PO BOX 511012	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Julie Williammee* Julie Williammee

4/7/05

321-984-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #