

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N50226**

1. Entity Name  
**SOUTH HILLSBOROUGH SOCCER, INC.**



Principal Place of Business  
**P.O. BOX 2580  
RIVERVIEW, FL 33568-2580**

Mailing Address  
**P.O. BOX 2580  
RIVERVIEW, FL 33568-2580**



03192007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3132620**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BRUCE, ROBERT G  
9223 SUNNYOAK DR.  
RIVERVIEW, FL 33569**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TRES  
FILIPEK, GARY  
10136 TARRAGON DRIVE  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPC  
ADAMS, MIKE  
10415 SEDGEBROOK DRIVE  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
CHRISTENSON, MELISSA  
12112 FRUITWOOD DRIVE  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REG  
CASEY, DONNA  
15328 SWEAT LOOP ROAD  
WIMAUMA, FL 33598**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
BRUCE, ROBERT G  
9223 SUNNYOAK DR.  
RIVERVIEW, FL 33569**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000680284  
04/03/07-80071-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-07**

Date

**813-253-1053**

Daytime Phone #