

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002536

FILED
Apr 27, 2009
Secretary of State

Entity Name: BARTOW SOCCER CLUB, INC.

Current Principal Place of Business:

1121 HOMELAND GARFIELD RD
BARTOW, FL 33830

New Principal Place of Business:

4910 IRONWOOD TRAIL
BARTOW, FL 33830

Current Mailing Address:

POB 2553
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-3228400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, WILLIAM C
1121 HOMELAND GARFIELD RD
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

CRIBB, WILLIAM S III
4910 IRONWOOD TRAIL
BARTOW, FL 33830 US

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: WILLIAM S. CRIBB, III

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GREENE, WILLIAM C
Address: 1121 HOMELAND GARFIELD RD
City-St-Zip: BARTOW, FL 33830

Title: PD () Delete
Name: CRIBB, WILLIAM
Address: 4910 IRONWOOD TRAIL
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: ELDRIDGE, ALLISON
Address: 1281 COUNTY ROAD 640
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: SMITH, JENNIFER
Address: 211 S. HANKIN RD
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: NORRIS, MARK
Address: 860 OAKWOOD LOOP
City-St-Zip: BARTOW, FL 33830

Title: PD (X) Change () Addition
Name: CRIBB, WILLIAM S III
Address: 4910 IRONWOOD TRAIL
City-St-Zip: BARTOW, FL 33830

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

Title: SD (X) Change () Addition
Name: SMITH, JENNIFER
Address: 940 SOUTH ORANGE AVENUE
City-St-Zip: BARTOW, FL 33830

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: WILLIAM S. CRIBB, III

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date