

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005737

FILED
May 16, 2007
Secretary of State

Entity Name: GREATER OSCEOLA UNITED SOCCER CLUB, INC.

Current Principal Place of Business:

1400 BOGGY CREEK ROAD
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 701776
ST CLOUD, FL 34770

New Mailing Address:

FEI Number: 36-4504237 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LECAPTAIN, MYRA
4445 CANOE CREEK RD
ST CLOUD, FL 34772 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: MARTINEZ, ARIEL
Address: PO BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: VP () Delete
Name: BELL, TOM
Address: P.O. BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: S () Delete
Name: JOHNSON, SHARON
Address: P.O. BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: REG () Delete
Name: LECAPTAIN, MYRA
Address: PO BOX 701776
City-St-Zip: SAINT CLOUD, FL 34770

Title: 2V () Delete
Name: MILLER, ROBERT
Address: PO BOX 701776
City-St-Zip: SAINT CLOUD, FL 34770

Title: 2VP (X) Delete
Name: YAWN, JIM
Address: PO BOX 701776
City-St-Zip: ST. CLOU, FL 34770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MILLER, ROBERT
Address: PO BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: VP (X) Change () Addition
Name: YAWN, JIM
Address: P.O. BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: S (X) Change () Addition
Name: WRIGHT, PATRICIA
Address: P.O. BOX 701776
City-St-Zip: ST CLOUD, FL 34770

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

Title: 2V (X) Change () Addition
Name: PLATTNER, ALBERT
Address: PO BOX 701776
City-St-Zip: SAINT CLOUD, FL 34770

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

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: MYRA LECAPTAIN

REG

05/16/2007

Electronic Signature of Signing Officer or Director

Date