2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# N93000005737

Entity Name: GREATER OSCEOLA UNITED SOCCER CLUB, INC.

Current Principal Place of Business:

4100 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 ( )**

Name and Address of Current Registered Agent:

MONBARREN, MARK
2422 PINE CHASE CIRCLE
ST CLOUD, FL 34769 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
Name: MONBARREN, MARK A
Address: PO BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: 2 VP
Name: GROSS, CRYSTAL
Address: P.O. BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: S
Name: GRIEVE, BELINDA
Address: P.O. BOX 701776
City-St-Zip: ST CLOUD, FL 34770

Title: 3 VP
Name: RATLIFF, MEREDITH
Address: PO BOX 701776
City-St-Zip: SAINT CLOUD, FL 34770

Title: T
Name: MONBARREN, GAIL
Address: PO BOX 701776
City-St-Zip: SAINT CLOUD, FL 34770

Title: 1 VP
Name: MARCHETTI, NESTOR
Address: PO BOX 701776
City-St-Zip: SAINT CLOUD, FL 34770

I hereby 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 all other like empowered.

SIGNATURE: GAIL MONBARREN T 03/16/2011

Electronic Signature of Signing Officer or Director Date