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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003848 (7)

1. Corporation Name

SOUTHEAST VOLUSIA SOCCER CLUB, INC.



Principal Place of Business

Mailing Address

4170 SAXON DRIVE
NEW SMYRNA BEACH FL 32169

4170 SAXON DRIVE
NEW SMYRNA BEACH FL 32169-3851

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERBERT, SHARON
4170 SAXON DRIVE
NEW SMYRNA FL 32169

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME HERBERT, SHARON
STREET ADDRESS 4170 SAXON DRIVE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

1.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WROBEL, ROBERT
STREET ADDRESS 2834 PIONEER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

2.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME CRAIN, LORIE
STREET ADDRESS 834 13TH AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

3.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME WROBEL, BONNIE
STREET ADDRESS 2834 PIONEER TRAIL
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Herbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97

904-423-5515

CR2E037 (9/96)