2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State
02-25-2004 90048 038 ****61.25

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1. Entity Name
PORT ORANGE SOCCER CLUB, INC.

44012963

Principal Place of Business	Mailing Address
%WILLIAM A CLARK 661 NEEDLERUSH RD PORT ORANGE, FL 32127 US	PORT ORANGE SOCCER CLUB P O BOX 2002 PORT ORANGE, FL 32127 US

02182004 Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3499849
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, WILLIAM A
661 NEEDLERUSH RD
PORT ORANGE, FL 32127

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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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	CLARK, WILLIAM
STREET ADDRESS	661 NEEDLERUSH RD
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	~~VPD~~
NAME	~~SNYDER, JAMES~~ Latinsky, Eric
STREET ADDRESS	~~6197 HALF MOON DR.~~ 3116 So. Peninsula Drive
CITY-ST-ZIP	~~PORT ORANGE, FL 32127~~ Daytona Beach Fl 32118
TITLE	SD
NAME	KELLY, RANDY
STREET ADDRESS	3748 LONG GROOVE LANE
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	PD
NAME	HOSEY, JOHN
STREET ADDRESS	6110 PHEASANT RIDGE DR.
CITY-ST-ZIP	PORT ORANGE, FL 32124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I 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 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: William A - [illegible] 2-19-04 386-274-5007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #