## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # N96000001137** 

1. Entity Name

PORT ORANGE SOCCER CLUB, INC.

Principal Place of Business %WILLIAM A CLARK 661 NEEDLERUSH RD

PORT ORANGE, FL 32127

Mailing Address

PORT ORANGE SOCCER CLUB

P O BOX 2002 PORT ORANGE, FL 32127

US

FILED Apr 26, 2006 08:00 AM Secretary of State



04192006 No Chg-NP

CR2E037 (11/05)

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

## DO NOT WRITE IN THIS SPACE

| 8. The above the obliga                        | named entity submits this statement for t<br>tions of registered agent.   | he purpose of changing its registered off               | ice of f  | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
|--|---|---|-----------|--------------------------------|--|
| SIGNATURE.                                     | Signature, typed or printed name of registered agent and                  | - (NOTE. Registered Agent                               | signatura | required when reinstating)     | DATE   |
| Face   | Filing Fee is \$61.25<br>Due by May 1, 2006                               | 9. Election Campaign Financing Trust Fund Contribution. | □         | \$5.00 May Be<br>Added to Fees |  |
| 18.  | OFFICERS AND DIRECTORS  |   |           |                                | . :  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CLARK, WILLIAM<br>661 NEEDLERUSH RD<br>PORT ORANGE, FL 32127        | -<br>   |           |                                | U00000534277   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | VPD<br>LATINSKY, ERIC<br>3116 SO. PENINSULA DR<br>DAYTONA BEACH, FL 32118 |   |           |                                | 05/09/06-80006-008_61.25                                     |
| TITLE NAME STREET ADDRESS CITY-SI-IP           | SD<br>KELLY, RANDY<br>3748 LONG GROOVE LANE<br>PORT ORANGE, FL 32119      |   |           | DO                             | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PD<br>HOSEY, JOHN<br>6110 PHEASANT RIDGE DR.<br>PORT ORANGE, FL 32124     | -   |           | IN                             | THIS SPACE   |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP          |   |   |           |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |   |           |                                | ·  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 517, 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: Nellan A. Man Triange 4-24-06 386-274-5-