2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State
04-24-2008 90091 022 ****70.00

DOCUMENT # N96000001137

1. Entity Name
PORT ORANGE SOCCER CLUB, INC.

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

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6088 SABAL BROOK way	6088 SABAL BROOK WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange FL	City & State: Port Orange FL
Zip: 32128 Country: US	Zip: 32128 Country: US

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

7. Name and Address of New Registered Agent

Name: Jennifer Brien
Street Address (P.O. Box Number is Not Acceptable): 6088 SABAL BROOK WAY
City: Port Orange FL Zip Code: 32128

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: Jennifer Brien 4-21-08
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CLARK, WILLIAM 661 NEEDLERUSH RD PORT ORANGE, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jennifer Brien 6088 SABAL Brook WAY Port Orange FL 32128	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LATINSKY, ERIC 3116 SO. PENINSULA DR DAYTONA BEACH, FL 32118	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STEVE MELLINGER 5913 PARK Ridge circle Port Orange FL 32127	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KELLY, RAND 3748 LONG GROOVE LANE PORT ORANGE, FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Joann Baugher 808 Banbury Drive Port Orange FL 32129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAIS, BRADLEY T P.O. BOX DRAWER 290247 PORT ORANGE, FL 32129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADLEY T BLAIS P.O. Box Drawer 290247 Port Orange FL 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Jennifer Brien Jennifer Brien 4-21-08 (386) 763-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #