

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90088 024 \*\*\*\*96.25

**DOCUMENT # N98000001615**

1. Entity Name  
**ST. CLOUD SOCCER CLUB, INC.**



Principal Place of Business  
**602 DAVID DR.  
ST. CLOUD, FL 34769 US**

Mailing Address  
**P.O. BOX 701835  
ST CLOUD, FL 34770 US**



2. Principal Place of Business - No P.O. Box #  
**6464 Oak Shore Dr**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St cloud FL**

City & State

Zip  
**34771**

Country

Zip

Country

06162007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-3514436**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPRY, DONA M  
602 DAVID DR.  
ST. CLOUD, FL 34769**

7. Name and Address of New Registered Agent

Name **Pamela Dodge**

Street Address (P.O. Box Number is Not Acceptable)  
**6464 Oak Shore Dr**

City **St cloud**

**FL**

Zip Code  
**34771**

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

*Pamela Dodge*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**6/22/07**

Filing Fee is \$61.25

Due by September 14, 2007

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

TITLE **RD** ☒ Delete  
NAME **HAUPT, TERESA**  
STREET ADDRESS **401 NATCHEZ TRACE**  
CITY-ST-ZIP **ST CLOUD, FL 34769**

TITLE **SD** ☒ Delete  
NAME **DICKSON, SUSAN M**  
STREET ADDRESS **1044 SHALONDA LN.**  
CITY-ST-ZIP **KISSIMEE, FL 34744**

TITLE **PD** ☒ Delete  
NAME **SPRY, DONA M**  
STREET ADDRESS **602 DAVID DR**  
CITY-ST-ZIP **SAINT CLOUD, FL 34769**

TITLE **VPD** ☐ Delete  
NAME **DODGE, PAMELA Q**  
STREET ADDRESS **6464 OAK SHORE DR**  
CITY-ST-ZIP **ST CLOUD, FL 34771**

TITLE **VPD** ☒ Delete  
NAME **IZQUIERDO, MARIO**  
STREET ADDRESS **2314 GISELLE CT**  
CITY-ST-ZIP **ST CLOUD, FL 34772**

TITLE **TD** ☒ Delete  
NAME **LOCKWOOD, KELLY G**  
STREET ADDRESS **2245 EMPEROR DR**  
CITY-ST-ZIP **KISSIMEE, FL 34744**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **RD** ☐ Change ☒ Addition  
NAME **Becky Riggs**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
NAME **Chenaa Carver**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition  
NAME **Ralph Riggs**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Robert Arft**  
STREET ADDRESS **3170 Bayview Ln**  
CITY-ST-ZIP **St cloud FL 34772**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Susan Smith**  
STREET ADDRESS **3172 Bayview Ln**  
CITY-ST-ZIP **St cloud FL 34772**

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:

*Robert Arft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/22/07**