



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # N98000001615 1. Entity Name ST. CLOUD SOCCER CLUB, INC.	
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Principal Place of Business 6464 OAK SHARE DR SAINT CLOUD, FL 34771 US	Mailing Address P.O. BOX 701835 ST CLOUD, FL 34770 US
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DO NOT WRITE IN THIS SPACE

	
04082008 No Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3514436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DODGE, PAMELA 6464 OAK SHARE DR SAINT CLOUD, FL 34771

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000901329 04/29/08-80064-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD RIGGS, BECKY 401 NATCHEZ TRACE ST CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARVER, CHENOA 1044 SHALONDA LN. KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, RALPH 602 DAVID DR SAINT CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DODGE, PAMELA Q 6464 OAK SHORE DR ST CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARFT, ROBERT 3170 BAYVIEW LN ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, SUSAN 3172 BAYVIEW LN SAINT CLOUD, FL 34772

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/11/08 <small>Date</small>	<small>Daytime Phone #</small>
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