

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001615

FILED  
Mar 30, 2010  
Secretary of State

Entity Name: ST. CLOUD SOCCER CLUB, INC.

**Current Principal Place of Business:**

6464 OAK SHARE DR  
SAINT CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 701835  
ST CLOUD, FL 34770 US

**New Mailing Address:**

FEI Number: 59-3514436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DODGE, PAMELA  
6464 OAK SHARE DR  
SAINT CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: RD  
Name: CARVER, CHENOA  
Address: 1044 SHALONDA LN  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD  
Name: BALL, DEEDEE  
Address: 1825 MATHIS RD  
City-St-Zip: ST CLOUD, FL 34771

Title: VPD  
Name: DODGE, PAMELA Q  
Address: 6464 OAK SHORE DR  
City-St-Zip: ST CLOUD, FL 34771

Title: PD  
Name: ARFT, ROBERT  
Address: 3170 BAYVIEW LN  
City-St-Zip: ST CLOUD, FL 34772

Title: TD  
Name: SMITH, SUSAN  
Address: 3172 BAYVIEW LN  
City-St-Zip: SAINT CLOUD, FL 34772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN M SMITH

TD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date