

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751039

**Entity Name:** SEMINOLE SOCCER CLUB, INC.**Current Principal Place of Business:**1900 SEMINOLE SOCCER LOOP  
SANFORD, FL 32771**Current Mailing Address:**1900 SEMINOLE SOCCER LOOP  
SANFORD, FL 32771**FEI Number: 59-2074729****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EBER, FORREST  
C/O SEMINOLE SOCCER CLUB, INC.  
1900 SEMINOLE SOCCER LOOP  
SANFORD, FL 32771 US*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:** FORREST EBER**04/25/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR, SECRETARY
Name	HAJAS, JULIUS
Address	1900 SEMINOLE SOCCER LOOP
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	SIMON, MEL
Address	1900 SEMINOLE SOCCER LOOP
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	LYONS, PETER
Address	1900 SEMINOLE SOCCER LOOP
City-State-Zip:	SANFORD FL 32771

Title	PRESIDENT
Name	RAWLINS, PHIL
Address	1201 S ORLANDO AVENUE SUITE 202
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	LASHBROOK, BRETT
Address	1201 S ORLANDO AVENUE SUITE 202
City-State-Zip:	WINTER PARK FL 32789

Title	TREASURER
Name	EBER, FORREST
Address	1201 S ORLANDO AVENUE SUITE 202
City-State-Zip:	WINTER PARK FL 32789

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:** FORREST EBER**TREASURER****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date