

2013 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:** Yes**Name and Address of Current Registered Agent:**BROWN, BENN
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name BONNER, JOHN
Address 1900 SEMINOLE SOCCER LOOP
City-State-Zip: SANFORD FL 32771

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

Title DIRECTOR, TREASURER, VC
Name BROWN, BENN
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 RAYMOND, JOE
Address 1900 SEMINOLE SOCCER LOOP
City-State-Zip: SANFORD FL 32771

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: BENN BROWN

VICE CHAIRMAN

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date