

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751090

Entity Name: CLAY COUNTY SOCCER CLUB, INC.**Current Principal Place of Business:**4387 LAKESHORE DRIVE
FLEMING ISLAND, FL 32003**Current Mailing Address:**P.O. BOX 9148
FLEMING ISLAND, FL 32006**FEI Number:** 59-1981194**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKINNER, FREDERIC P
4387 LAKESHORE DRIVE
FLEMING ISLAND, FL 32003 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	S
Name	SKINNER, FREDERIC P
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

Title	D
Name	REEDY, JEFF
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

Title	D
Name	DAVIS, TONY
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

Title	D
Name	HAMLETT, ROBB
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

Title	CHAIRMAN
Name	CRUZ, AL
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

Title	D
Name	LEMIEUX, JOSEPH E JR.
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

Title	TREASURER
Name	SUAREZ, SEAN
Address	P.O. BOX 9148
City-State-Zip:	FLEMING ISLAND FL 32006

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: FREDERIC SKINNER**SECRETARY****02/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date