

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006863

Entity Name: LAKE WALES SOCCER CLUB, INC.**Current Principal Place of Business:**100 WEST STUART AVENUE
LAKE WALES, FL 33853**Current Mailing Address:**3570 SILVER OAK COURT
LAKE WALES, FL 33898**FEI Number:** 20-1391381**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DYKXHOORN, JACOB C
100 WEST STUART AVENUE
LAKE WALES, FL 33853 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	DP
Name	SHIELDS, ROBERT D
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DV
Name	MATHEWSON, ANTHONY K
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DT
Name	DYKXHOORN, JACOB C
Address	100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DS
Name	JACK, TRANTHAM
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	D
Name	MALDONADO, ERIC
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	DALY, CHRISTINE
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	NICHOLS, GERALD H JR
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

Title	DIRECTOR
Name	BOYER, RONALD
Address	C/O 100 WEST STUART AVENUE
City-State-Zip:	LAKE WALES FL 33853

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: ROBERT D SHIELDS JR**PRESIDENT****04/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date