2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011235

Entity Name: FL SOCCER SRC INC

Current Principal Place of Business:

10012 GULF CENTER DRIVE

SUITE #5-262

FORT MYERS, FL 33913

Current Mailing Address:

10012 GULF CENTER DRIVE SUITE #5-262

FORT MYERS, FL 33913 US

FEI Number: 81-0917369 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DOUGLAS, ABROM JR. 10012 GULF CENTER DRIVE SUITE #5-262 FORT MYERS, FL 33913 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: ABROM DOUGLAS, JR. 01/03/2022

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

LUTZ FL 33558

Officer/Director Detail:

Title **PRESIDENT** Title

Name LOYOLA, EDDIE Name VELMER, KAI

10012 GULF CENTER DRIVE 18675 DEER TRACKS LOOP Address Address

SUITE #5-262

City-State-Zip: FORT MYERS FL 33913

SECRETARY, DIRECTOR OF Title Title

TREASURER, DIRECTOR **ASSESSORS**

Name CALADERO, NICCOLO Name MILLER, KENNETH SR.

Address 10012 GULF CENTER DRIVE Address 10012 GULF CENTER DRIVE

> SUITE #5-262 SUITE #5-262

City-State-Zip: FORT MYERS FL 33913 City-State-Zip: FORT MYERS FL 33913

Title COO, SRA Title DIRECTOR OF ASSIGNORS.

DIRECTOR UNKEL, CHRISTINA JR. Name

Name VARS, JAMES 10012 GULF CENTER DRIVE Address

10012 GULF CENTER DRIVE Address SUITE #5-262 SUITE #5-262

City-State-Zip: FORT MYERS FL 33913 FORT MYERS FL 33913 City-State-Zip:

DIRECTOR OF INSTRUCTION, Title Title **DIRECTOR** DIRECTOR

FOUTS, TIMOTHY HUFF, STEPHEN Name Name

10012 GULF CENTER DRIVE 2533 CHRISTOPHER DRIVE Address Address

SUITE #5-262 City-State-Zip: TITUSVILLE FL 32780

City-State-Zip: FORT MYERS FL 33913

Continues on page 2

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: ABROM DOUGLAS, JR DIRECTOR 01/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 03, 2022

Secretary of State

4496300638CC

Officer/Director Detail Continued:

Title DIRECTOR

Name DOUGLAS, JR, ABROM

Address 10012 GULF CENTER DRIVE

SUITE #5-262

City-State-Zip: FORT MYERS FL 33913