

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$325)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 11:10:28

DOCUMENT # N16041 (8)
1. Corporation Name
SAN CARLOS PARK SCORPION SOCCER CLUB, INC.

Principal Place of Business Mailing Address
**15387 BRIAR RIDGE CIR
FT MYERS FL 33912
US** **BOX 600
ESTERO FL 33328
US**

DO NOT WRITE IN THIS SPACE
3. Date incorporated or Qualified **07/25/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **26** *15387 Briar Ridge Circle*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 **28** *FT. MYERS FL.*
Zip Country Zip Country
24 **25** **29** **30** *33912 U.S.A.*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SISSON, LOUIS F., III
6225 PRESIDENTIAL CT.
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	MAHON, JOSEPH
STREET ADDRESS	15387 BRIAR RD CIR
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	DP
NAME	SNEDDON, ROBERT J.
STREET ADDRESS	7598 MORGAN RD S.E.
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	GILMARTIN, RAMONA
STREET ADDRESS	5728 PARK RD
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	DVP
NAME	BRIGGS, RICK
STREET ADDRESS	9081 TEMPLE ROAD WEST
CITY - ST - ZIP	FT. MYERS FL
TITLE	DT
NAME	DELO, TAYMOND
STREET ADDRESS	6036 BIRNAM WOOD LN
CITY - ST - ZIP	FORT MYERS, FL 33912
TITLE	DS
NAME	BRIGGS, VICKI
STREET ADDRESS	9081 TEMPLE RD W
CITY - ST - ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<i>DP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>MAHON Joseph</i>
13 STREET ADDRESS	<i>15387 Briar Ridge Circle</i>
14 CITY - ST - ZIP	<i>FT. MYERS, FL. 33912</i>
21 TITLE	<i>DP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>SNEDDON ROBERT</i>
23 STREET ADDRESS	<i>15387 Briar Ridge Circle</i>
24 CITY - ST - ZIP	<i>FT. MYERS, FL. 33912</i>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph Mahon* *Joseph Mahon* *Tras.* *6/12/95* *941-277-0800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (3/95)