

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N16041 (8)

1. Corporation Name
SAN CARLOS PARK SCORPION SOCCER CLUB, INC.



Principal Place of Business
**15387 BRIAR RIDGE CIR
FT MYERS FL 33912
US**

Mailing Address
**15387 BRIAR RIDGE CIRCLE
FT MYERS FL 33912
US**

3. Date Incorporated or Qualified **07/25/1986** 3a. Date of Last Report **06/16/1995**

2. Principal Place of Business
21 **18481 Holly B.** 2a. Mailing Address
26 **9375 CROCUS Ct.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State
23 **Ft. Myers, FL** 27 City & State
Ft. Myers, FL
24 Zip **33912** 25 Country **USA** 29 Zip **33912** 30 Country **USA**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MAHON, JOSEPH <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHON, JOSEPH	1.2 NAME	DENVER L. PAAT
STREET ADDRESS	15216 BRIAR RIDGE CIRCLE	1.3 STREET ADDRESS	9375 CROCUS Ct.
CITY-ST-ZIP	FORT MYERS, FL 33912	1.4 CITY-ST-ZIP	FT. MYERS, FL
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNEDRON, ROBERT	2.2 NAME	MARK D. BARTREM
STREET ADDRESS	15387 BRIAR RIDGE CIRCLE	2.3 STREET ADDRESS	18481 HOLLY RD.
CITY-ST-ZIP	FORT MYERS, FL 33912	2.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMARTIN, RAMONA	3.2 NAME	TIM J. CHERRY
STREET ADDRESS	5726 PARK RD	3.3 STREET ADDRESS	6024 PERTSHIRE LN.
CITY-ST-ZIP	FORT MYERS, FL 33908	3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	DVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, RICK	4.2 NAME	MARK MILLAGE
STREET ADDRESS	9081 TEMPLE ROAD WEST	4.3 STREET ADDRESS	7474 HICKORY B.
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, VICKI	5.2 NAME	TIMOTHY A. JOHNSON DIRECTOR
STREET ADDRESS	9081 TEMPLE RD W	5.3 STREET ADDRESS	6043 PERTSHIRE LN.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JIM E. COSTIGAN DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	19570 WATERWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT MYERS FL 33912

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 119.07(3)(k), 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: Mark Bartrem **MARK BARTREM** PRESIDENT 5-7-96 ⁽⁹⁴¹⁾ 3341238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)