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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36605 (6)
1. Corporation Name
UNITED SOCCER ASSOCIATION OF TAMPA BAY, INC.



Principal Place of Business % JACK THOMPSON 3422 CINCINNATI DR. HOLIDAY FL 34691	Mailing Address % JACK THOMPSON 3422 CINCINNATI DR. HOLIDAY FL 34691
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3. Date Incorporated or Qualified 02/14/1990		
4. FEI Number 59-3036720	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JACK THOMPSON
3422 CINCINNATI DR.
HOLIDAY FL 34691**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME MARTIN MCLAUGHLIN	
STREET ADDRESS 988 HILL RISE DR.	
CITY-ST-ZIP BRANDON FL 33510	
TITLE DP	<input type="checkbox"/> DELETE
NAME THOMPSON, JACK	
STREET ADDRESS 3422 CINCINNATI DRIVE	
CITY-ST-ZIP HOLIDAY FL 34691	
TITLE DV	<input type="checkbox"/> DELETE
NAME PISOTT, EDDIE	
STREET ADDRESS 13311 HAMNER AVE.	
CITY-ST-ZIP TAMPA FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME PULLARO, NICK	
STREET ADDRESS 320 W. BEARES AVENUE	
CITY-ST-ZIP TAMPA FL 33613	
TITLE DS	<input type="checkbox"/> DELETE
NAME BARBARA NAGEL	
STREET ADDRESS 12740 FRANK DR. SOUTH	
CITY-ST-ZIP SEMINOLE FL 34648	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME JIM GRUBER	
STREET ADDRESS 8408 GALUSA DR.	
CITY-ST-ZIP LAKE FL FL 33843	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Joe Hodges	
1.3 STREET ADDRESS 16505 W. COURSE DR.	
1.4 CITY-ST-ZIP TAMPA FL 33624	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME Michael OAUZ	
6.3 STREET ADDRESS 12912 TIKIWOOD CT	
6.4 CITY-ST-ZIP Riverview FL 33569	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nick Pullaro* *3/12/98* *813 962-0196*

CF2E037 (10/97)