

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N44309 (5)**  
1. Corporation Name  
**HOLLYWOOD WILDCAT SOCCER CLUB, INC.**



Principal Place of Business: P.O. BOX 5846, HOLLYWOOD FL 33083  
Mailing Address: P.O. BOX 5846, HOLLYWOOD FL 33083

3. Date Incorporated or Qualified: **07/11/1991**  
3a. Date of Last Report: **02/20/1995**  
4. FEI Number: **65-0271670**  
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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**TATE, J. KENNETH**  
**1175 N.E. 125TH STREET**  
**SUITE 102**  
**NORTH MIAMI FL 33161**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**  DELETE

TITLE: PD  
NAME: OHRING, MARSHALL  
STREET ADDRESS: 23 BOXWOOD ROAD  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: VD  
NAME: SABRA, RICK  
STREET ADDRESS: 3151 N. 52 AVENUE  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: SD  
NAME: CHACKMAN, STEVE  
STREET ADDRESS: 3661 N. 33 TERRACE  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: TD  
NAME: TATE, J. KENNETH  
STREET ADDRESS: 4500 N. HILLS DRIVE  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE: VD  
NAME: RUTTY, GARTH  
STREET ADDRESS: 5018 GRANT STREET  
CITY-ST-ZIP: HOLLYWOOD FL 33021

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME: **VD**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME: **SD**  
6.3 STREET ADDRESS: **Hernandez, Stanley**  
6.4 CITY-ST-ZIP: **705 S.E. 3<sup>rd</sup> Court Dania, FL 33004**

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:

*J. Kenneth Tate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**J. Kenneth Tate, Treasurer**

**1/19/96**  
Date

**305-891-1106**  
Daytime Phone #

CR2E037 (12/95)