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Secretary of State

04-01-1999 90116 046 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000721

1. Corporation Name

BRADEN RIVER SOCCER CLUB, INC.

Principal Place of Business

P.O. BOX 20001
BRADENTON FL 34204-0001

Mailing Address

P.O. BOX 20001
BRADENTON FL 34204-0001



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/06/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		Applied For	
Country		Country		☒ Not Applicable	
24		25		29	
25		29		30	
29		30		5. Certificate of Status Desired ☐	
30		31		8.75 Additional Fee Required	
31		32		6. Election Campaign Financing ☐	
32		33		Trust Fund Contribution	
33		34		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CHIOFALO, MAUREEN C
3112 CYPRESS CIRCLE
BRADENTON FL 34202

10. Name and Address of New Registered Agent

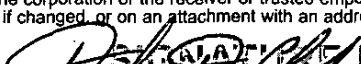
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	TREASURER
NAME	CLARK, DOUGLAS	1.2 NAME	Bob Doll
STREET ADDRESS	7104 13TH ST. EAST	1.3 STREET ADDRESS	TRAY Alderwood dr.
CITY-ST-ZIP	SARASOTA FL 34243	1.4 CITY-ST-ZIP	SARASOTA FL 34243
TITLE	DV	2.1 TITLE	Registrar
NAME	FULLAGAR, MARK	2.2 NAME	Jackie Morris
STREET ADDRESS	5610 35TH COURT EAST	2.3 STREET ADDRESS	6430 49th Ave E
CITY-ST-ZIP	BRADENTON FL 34203	2.4 CITY-ST-ZIP	Bradenton, FL 34203
TITLE	DS	3.1 TITLE	
NAME	CHIOFALO, MAUREEN	3.2 NAME	
STREET ADDRESS	6112 CYPRESS CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	BLAIR, STEPHEN	4.2 NAME	
STREET ADDRESS	111 133RD ST. EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	OHLMAN, TRACY	5.2 NAME	
STREET ADDRESS	805 137TH ST. EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  **REQUIRED** **3-25-99** **941-351-6067**

CR2E037-11/98