

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 15 1997 8:00am
Secretary of State

DOCUMENT # N93000001523 (0)

1. Corporation Name

TOWN AND COUNTRY COMPETITIVE SOCCER, INC.



Principal Place of Business

Mailing Address

7406 GUNN HIGHWAY
TAMPA FL

7406 GUNN HIGHWAY
TAMPA FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1993

3a. Date of Last Report

06/21/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

23

Zip

Country

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVENS, WILLIAM
7406 GUNN HIGHWAY
TAMPA FL 33625

81 Name

DARRIBA, RAUL

82 Street Address (P.O. Box Number is Not Acceptable)

4316 AUTUMN LEAVES DR

83

84 City

TAMPA

FL

85 Zip Code

33624

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

RAUL DARRIBA, DIRECTOR/PRES. 8/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME STEVENS, WILLIAM
STREET ADDRESS 7406 GUNN HIGHWAY
CITY-ST-ZIP TAMPA FL

TITLE DV ☒ DELETE

NAME MCIVER, MIKE
STREET ADDRESS 7517 OAK VISTA CT
CITY-ST-ZIP TAMPA FL

TITLE DV ☒ DELETE

NAME NEILSON, BRUCE
STREET ADDRESS 14208 BANBURY WAY
CITY-ST-ZIP TAMPA FL

TITLE TS ☒ DELETE

NAME KINAS, NANCY
STREET ADDRESS 315 BUENA VISTA DR.
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP/IT

DARRIBA, RAUL

4316 AUTUMN LEAVES DR.

TAMPA, FL 33624

DN

EDWARDS, STEVE

7521 CLEARVIEW DR.

TAMPA - FL - 33634

D/NTS

TOM NEWTON

12001 LITTLE BERRY CT.

TAMPA, FL 33635

14. I do 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

SIGNATURE REQUIRED

RAUL DARRIBA 8/26/97

CR2E037 (4/97)