

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90283 016 ****61.25

DOCUMENT # N98000001045

1. Entity Name
WAVE FUTEBOL CLUB, INC.



Principal Place of Business
**PO BOX 236
DESTIN, FL 32540**

Mailing Address
**PO BOX 236
DESTIN, FL 32540**

14010985



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3467330

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PLEAT & ASSOCIATES PA
4477 LEGENDARY DR
202
DESTIN, FL 32541**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WEEKLEY, JOHN**
CITY-ST-ZIP **211 DOLPHIN ESTATES CIRCLE
DESTIN, FL 32541**

TITLE ☐ Delete
NAME **GM**
STREET ADDRESS **COOMBS, CHRIS**
CITY-ST-ZIP **1746 OSPREY COVE
NICEVILLE, FL 32578**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **RIMSA, SUSAN**
CITY-ST-ZIP **240 MISTY COURT
DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **GENERAL MANAGER**
STREET ADDRESS **JONES, ROGER**
CITY-ST-ZIP **628 BROOKHAVEN WAY
NICEVILLE, FL 32578**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **McCombs, David**
CITY-ST-ZIP **1438 INDIAN TRAIL
DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David K. McCombs* **DAVID K. McCombs**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APR 05

Date

850-884-1693

Daytime Phone #