

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90014 020 ****61.25

DOCUMENT # N04000003246

1. Entity Name

THE FUTBOL CLUB OF TAMPA, INC.



Principal Place of Business

10519 BRENTFORD DRIVE
TAMPA, FL 33626

Mailing Address

10519 BRENTFORD DRIVE
TAMPA, FL 33626

60006073



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2754365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, J. ERIC
101 E. KENNEDY BOULEVARD
SUITE 2700
TAMPA, FL 33602

Ed Blattler
3802 Ehrlich Rd, #201
Tampa, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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

Ed Blattler, CPA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-06

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASTRO, JULIO E III
STREET ADDRESS	1202 BREWSTER DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	HOUSEMAN, DENNIS J
STREET ADDRESS	18507 BITTERN AVENUE
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	DT
NAME	VAN STEEN BERGEN, PAUL
STREET ADDRESS	16208 MARSHFIELD DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	DP
NAME	FERRARA, ROGER
STREET ADDRESS	10519 BRENTFORD DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	DS
NAME	ENTERIEIN, JAMES
STREET ADDRESS	10519 BRENTFORD DRIVE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	FERRARA, SHEILA
STREET ADDRESS	10519 BRENTFORD DRIVE
CITY-ST-ZIP	TAMPA, FL 33626

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ed Blattler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-06 813-960-7098