


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

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	



04292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3467330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PLEAT & ASSOCIATES PA 4477 LEGENDARY DR 202 DESTIN, FL 32541
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEEKLEY, JOHN 211 DOLPHIN ESTATES CIRCLE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GMGR ANDRE, KATHY 250 MATTIE'S WAY DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIMSA, SUSAN 210 MISTY COURT DESTIN, FL 32541
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U00000757801  
05/23/07-80086-021 61.25

**DO NOT WRITE  
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: Susan M. Rimsa Susan M. Rimsa, Treasurer 4/29/07 850-331-3245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #