

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739914 (0)

1. Corporation Name

SOUTH FLORIDA SOCCER BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

1800 WEST OAKLAND PARK BLVD
P.O. BOX 8201
FT. LAUDERDALE FL 333101800 WEST OAKLAND PARK BLVD
P.O. BOX 8201
FT. LAUDERDALE FL 33310-82013. Date Incorporated or Qualified
08/16/19773a. Date of Last Report
02/02/1996

2. Principal Place of Business

21 5600 SW 4th St

2a. Mailing Address

26 5600 SW 4th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 PLANTATION, FL

Zip Country

24 33317

Country

25

City & State

28 PLANTATION, FL

Zip Country

29 33317

Country

30

4. FEI Number

59-1940313

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM J RIZZO
1949 SE 22ND AVE
FT LAUDERDALE FL 33316

81 Name

JAMES E. LAURENT

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

3101 SW 3RD AVE

83

F

84

City

FT. LAUDERDALE

FL

85 Zip Code

33315

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

James E. Laurent

(NOTE: Registered Agent signature required when reinstating)

4/12/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIZZO, WILLIAM	
STREET ADDRESS	1949 SE 22 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAURENT, JAMES E	
STREET ADDRESS	5600 SW 4 ST	
CITY-ST-ZIP	PLANTATION FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LAURENT, GISELA M	
STREET ADDRESS	5600 SW 4 ST	
CITY-ST-ZIP	PLANTATION FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	OLIVER, JEAN	
STREET ADDRESS	2724 NE 28 ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES E. LAURENT	
1.3 STREET ADDRESS	5600 SW 4 th ST	
1.4 CITY-ST-ZIP	PLANTATION FL 33317	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EDWARD F. RODGER	
2.3 STREET ADDRESS	6111 NW 31ST WAY	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN ADAMS	
5.3 STREET ADDRESS	2587 HWY A1A	
5.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

James E. Laurent

Date

4/12/97

Daytime Phone # 0036010

CR2E037 (9/96)