

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90221 050 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744355

1. Corporation Name

CLEARWATER SOCCER ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 5334
CLEARWATER FL 34618

Mailing Address

P.O. BOX 5334
CLEARWATER FL 34618



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

33758

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

33758

3. Date Incorporated or Qualified

09/25/1978

4. FEI Number

59-2226699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUFFMAN, JEANNIE
2818 ST JOHN DR
CLEARWAER FL 33759

10. Name and Address of New Registered Agent

81 Name Huffman, Jeannine

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

83

84 City

FL

85 Zip Code

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

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME BROOKS, DANIEL
STREET ADDRESS 2801 DOVEWOOD ST
CITY-ST-ZIP CLEARWATER FL
☒ DELETE

TITLE VD
NAME ARTHUR, TIM
STREET ADDRESS 2079 ATTACHE CT
CITY-ST-ZIP CLEARWATER FL 33764
☒ DELETE

TITLE TD
NAME HUFFMAN, JEANNIE
STREET ADDRESS 2818 ST JOHN DR
CITY-ST-ZIP CLEARWATER FL 33759
☐ DELETE

TITLE C
NAME GUNDERMAN, KATHY
STREET ADDRESS 1826 ASBURY DR
CITY-ST-ZIP CLEARWATER FL 33765
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Arthur, Tim
1.3 STREET ADDRESS 2079 Attache Ct
1.4 CITY-ST-ZIP Clearwater FL 33764
☒ Change ☒ Addition

2.1 TITLE VD
2.2 NAME Gomez, Dave
2.3 STREET ADDRESS 2625 SR 590 #2411
2.4 CITY-ST-ZIP Clearwater FL 33759
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME S Gauthier, Lenora
5.3 STREET ADDRESS 1309 Browning St
5.4 CITY-ST-ZIP Clearwater FL 33756
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME Shaver, Andy
6.3 STREET ADDRESS 115 N Aurora Ave
6.4 CITY-ST-ZIP Clearwater FL 33765
☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98