FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **751039** **(9)**

1. Corporation Name

SEMINOLE SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
7390 MARKHAM RD. P.O. BOX 915425 LONGWOOD FL 32791-5425	7390 MARKHAM RD. P.O. BOX 915425 LONGWOOD FL 32791-5425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2074729 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

LAHEY, JOHN
555 WINDERLY PLACE
SUITE 400
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the # applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SIMON, MEL	12 NAME		
STREET ADDRESS	519 SAVONA CT	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FOREMAN, LARRY	22 NAME		
STREET ADDRESS	6404 RIDGEBERRY DR	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SECRETARY/DIRECTOR	☒ Change ☐ Addition
NAME	~~LAHEY, JOHN~~	32 NAME	LINDA McGOVERN	
STREET ADDRESS	~~555 WINDERLY PL, STE 400~~	33 STREET ADDRESS	104 BLUE HERON LANE	
CITY-ST-ZIP	~~MAITLAND FL~~	34 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	WILLARD, KARL	42 NAME		
STREET ADDRESS	2699 LEE RD, STE 460	43 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ THOMSMORE 4/26/95 (407)740-0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0092847