FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 751039

(9)

SEMINOLE SOCCER CLUB, INC.

FILED
Jan 27 1997 8:00am
Secretary of State

Principal Place	Mailing Address				A 100111 SODOL OVIDI 11015 GOIDO USALE IRILE OPOLI OLDII OSDVI GIRLI DIDIH OLDII 1201					
7390 MARKHAM RD. P.O. BOX 915425 LONGWOOD FL 32791-5425		7390 MARKHAM RD. P.O. BOX 915425 LONGWOOD FL 32791-5425								
LONGWOOD PL	. 32791-3423	LONGWOOD PC 32781-34	LONGWOOD FL 32781-5425			3. Date Incorporated or Qualified 02/13/1980 3a. Date of Last Report 03/27/1996				
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEt Number 59-2074729	Applied For Not Applicable			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				s \$8.75 Additional				
22	,	27				5. Certificate of Status Desired	esired Fee Required			
City & State	6	City & State				6. Election Campaign Financing				
23		28				Trust Fund Contribution	Added to Fees			
Ζφ	Country	Zip	h1	untry		8. This corporation has liability for in			6. 199.032,	
24	9. Name and Address of Curren	t Registered Agent	30	т		Florida Statutes 10. Name and Address of New Reg	Yes IN			
	g. Hamo and Addition of Carren			81	Name	10. 110.110.010.010.010.010.010.010.010.				
LAHEY,	IOHN							· · · · · · · · · · · · · · · · · · ·		
	JOHN IDERLY PLACE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)),	
SUITE 4				83						
	ND FL 32751			84	City		Ta	5 Zip	Code	
					City		FL °	130 ZII	Code	
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation of the state	of Florida. Such change was ations of, Section 617.0503, F	authorize Florida Sta	ed by t atutes.	he corporat	poration submits this statement for the p tion's board of directors. I hereby accep	t the appoint	ment a	s registered	
12.	OFFICERS ANI	D DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTO	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 1	TITLE				Change	Addition	
NAME	SIMON, MEL		1.21	NAME						
STREET ADDRESS	517 SAVONA COURT		1.3	STREET A	DDRE\$S					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL.	T DELETE		CITY-ST-	ZIP			01	1.4490	
TITLE	VO	☐ DELETE	1	TITLE	1			Change	Addition	
NAME	FOREMAN, LARRY			NAME						
STREET ADDRESS	6404 RIDGEBERRY DR ORLANDO FL			STREET A						
CITY-ST-ZIP TITLE	SECD	DELETE		CITY-ST TITLE	· ZIP			Change	Addition	
NAME	MCGOVERN, LINDA			NAME			_			
STREET ADDRESS	104 BLUE HERON LAKE			STREET A	DDRESS					
CITY-ST-ZIP	CASTLEBERRY FL			CITY-ST	1					
TITLE	TD	DELETE		TITLE				Change	Addition	
NAME	WILLARD, KARL		4. 2	NAME						
STREET ADDRESS	2699 LEE RD, STE 460		4.3	STREET A	DORESS					
CITY - ST - ZIP	WINTER PARK FL		4.4	CITY-ST-	ZIP			·		
TITLE		DELETE	5.1	TITLE	T T			Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET A	DORESS					
CITY-ST-ZIP				CITY-ST-	- ZIP			F20		
TITLE		☐ DELETE	6.1	TITLE			L	Change	Addition	
NAME			62	NAME						
STREET ADDRESS			6.3	STREET A	,DDRESS					
CITY-ST-ZIP	1		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-14-27

Daytime Phone # 0015375