

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90195 013 ****61.25

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DOCUMENT # 755338

1. Corporation Name

PORT ST. LUCIE SOCCER CLUB, INC.

Principal Place of Business

700 SW CARMELITE ST
PORT ST. LUCIE FL 34983
US

Mailing Address

700 SW CARMELITE ST
PORT ST. LUCIE FL 34983
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

12/02/1980

4. FEI Number

59-2113531

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

DIGIORGIO, JACK
1907 SE MANDRAKE CIR
PORT ST. LUCIE FL 34952

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 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

Jack Digorgio

(NOTE: Registered Agent signature required when reinstating)

FEB/1/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **DIGIORGIO, JACK**
STREET ADDRESS **1907 SE MANDRAKE CIR.**
CITY-ST-ZIP **PT ST LUCIE FL 34952**

TITLE **T** ☒ DELETE
NAME **PAMELA HARRIS**
STREET ADDRESS **2667 SW AVE RD.**
CITY-ST-ZIP **PT ST LUCIE FL 34953**

TITLE **D** ☐ DELETE
NAME **BLOOM, STEVE**
STREET ADDRESS **5001 ERSKIN TER**
CITY-ST-ZIP **PT ST LUCIE FL 34983**

TITLE **VP** ☐ DELETE
NAME **GAZZALLA, MIKE**
STREET ADDRESS **886 SE STARFLOWER AVE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

TITLE **D** ☐ DELETE
NAME **SMITH, GEORGEANN**
STREET ADDRESS **3950 SW LAFFITE ST**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **BECKY DIEFENDORF**
1.3 STREET ADDRESS **438 SW NATIVITY TER.**
1.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

2.1 TITLE **TREASURER** ☐ Change ☒ Addition
2.2 NAME **SANDRA BRODSKY**
2.3 STREET ADDRESS **743 SE CHALOUPE AVE.**
2.4 CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Jack Digorgio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB/1/99 (561) 344-5209
Date Daytime Phone #

CR2E037 (11/98)