


FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **755436** (3)

1. Corporation Name

BLACK WATCH SOCCER CLUB, INC.



| | |
|---|---|
| Principal Place of Business 1111 N. 30TH ST. TAMPA FL 33612-3502 US | Mailing Address 90 JOHN WILCOX 100 S. ASHLEY DRIVE, STE 1500 TAMPA FL 33602-5300 US |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/09/1980 | 3a. Date of Last Report 03/06/1996 |
|--|--|

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|--------------------------------|------------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 Zip Country | 28 Zip Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

**WILCOX, JOHN W
100 S. ASHLEY DR.
STE. 1500
TAMPA, FL 33602**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0503 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|----------------------------------|
| TITLE | VD | 1.1 TITLE | Vice-President |
| NAME | SHEFFIELD, RICHARD | 1.2 NAME | Garrett, Pam |
| STREET ADDRESS | 2412 BUCKNELL DR. | 1.3 STREET ADDRESS | 8004 Sharon Drive |
| CITY-ST-ZIP | VALRICO FL | 1.4 CITY-ST-ZIP | Tampa, FL. 33617 |
| TITLE | TD | 2.1 TITLE | Vice-President |
| NAME | SANZ, RATTY | 2.2 NAME | McVeigh, Dean |
| STREET ADDRESS | 5824 WHIPPOORWILL RD | 2.3 STREET ADDRESS | 6812 Robinswood Lane |
| CITY-ST-ZIP | TAMPA FL 33624 | 2.4 CITY-ST-ZIP | Tampa, FL. 33634 |
| TITLE | PD | 3.1 TITLE | 5174 Sterling Manor Drive |
| NAME | WILCOX, JOHN | 3.2 NAME | XXXXXXX |
| STREET ADDRESS | 125 BALTIC CIRCLE | 3.3 STREET ADDRESS | Tampa, FL. 33602-3124 |
| CITY-ST-ZIP | TAMPA, FL 00000 | 3.4 CITY-ST-ZIP | 33647 |
| TITLE | VD | 4.1 TITLE | Vice-President |
| NAME | DAYKIN, MIKE | 4.2 NAME | Martinez, Mario |
| STREET ADDRESS | 504 HIGHVIEW TERR S | 4.3 STREET ADDRESS | 6207 North Cameron Avenue |
| CITY-ST-ZIP | BRANDON FL 33310 | 4.4 CITY-ST-ZIP | Tampa, FL. 33614 |
| TITLE | VD | 5.1 TITLE | Vice-President |
| NAME | LUKE, DON | 5.2 NAME | Rogers, Ken |
| STREET ADDRESS | 1623 PALACE CT | 5.3 STREET ADDRESS | 12208 Wood Duck Place |
| CITY-ST-ZIP | VALRICO FL 33594 | 5.4 CITY-ST-ZIP | Tampa, FL. 33617 |
| TITLE | VD | 6.1 TITLE | |
| NAME | COTE, JIM | 6.2 NAME | |
| STREET ADDRESS | 3810 GUNN HWY | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33624 | 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048958

CR2E037 (9/96)