

522-98 B 7817 C
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May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 US
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3. Date Incorporated or Qualified 12/09/1980	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26 KEVIN BURNS		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO BOX 82143		
City & State 23	City & State 28 TAMPA FL 33602-2143		
Zip 24	Country 25	Zip 29 33602-2143	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

9. Name and Address of Current Registered Agent WILCOX, JOHN W 100 S. ASHLEY DR. STE. 1500 TAMPA FL 33602	
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	VDP GARRETT, PAM
STREET ADDRESS	8004 SHARON DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VDP MCVEIGH, DEAN
STREET ADDRESS	6812 ROBINSWOOD LANE
CITY-ST-ZIP	TAMPA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PD WILCOX, JOHN
STREET ADDRESS	5174 STERLING MANOR DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VDP MARTINEZ, MARIO
STREET ADDRESS	6207 NORTH CAMERON AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VDP ROGERS, KEN
STREET ADDRESS	12208 WOOD DUCK PLACE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD COTE, JIM
STREET ADDRESS	3810 GUNN HWY
CITY-ST-ZIP	TAMPA FL 33624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER TD
2.3 STREET ADDRESS	MARK DILLON
2.4 CITY-ST-ZIP	2613 SUNSET DRIVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT PDC
3.3 STREET ADDRESS	KEVIN BURNS
3.4 CITY-ST-ZIP	4508 BROOKWOOD
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Mark Dillon** **5-19-98** **813-621-4738**

CP2E037 (10/97)