


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90006 008 ****61.25

DOCUMENT # 755436
 1. Entity Name
 BLACK WATCH SOCCER CLUB, INC.



Principal Place of Business
 1302 N. 34 ST.
 TAMPA, FL 33605 US

Mailing Address
 P.O. BOX 82143
 TAMPA, FL 33682

44050843



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06292004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
 ROBINSON, CHARLES
 1302 N. 34 ST.
 TAMPA, FL 33605

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles Robinson*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COBB, CHRIS	
STREET ADDRESS	3204 HOUST ROAD	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRENNAN, BOB	
STREET ADDRESS	17508 TALLY HO COURT	
CITY-ST-ZIP	ODESSA, FL 33656	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NOBLE, BRUCE	
STREET ADDRESS	8750 ASPHROFT DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROBINSON, CHARLES	
STREET ADDRESS	1001 86 AVE. N.	
CITY-ST-ZIP	ST. PETE, FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE GAINSBURG	
STREET ADDRESS	4732 DUNNIE DR	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	Vice President Fundraising	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM SEALON	
STREET ADDRESS	11102 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwin Huentas	
STREET ADDRESS	2512 Royal Oaks Ln	
CITY-ST-ZIP	Lutz FL 33559	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles B. Robinson* CHARLES B. ROBINSON 7-12-04 813-245-4055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #