

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90111 042 ****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**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2958107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, CHARLES
1302 N. 34 ST.
TAMPA, FL 33605**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GAINSBURG, MIKE**
STREET ADDRESS **4732 BUNNIE DR**
CITY-ST-ZIP **TAMPA, FL 33614**
*CHRIS COBB
3204 HOEDT RD.
TAMPA, FL 33618*

TITLE **VP**
NAME **SCALLON, TOM**
STREET ADDRESS **11102 CARRALLWOOD DR**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **S**
NAME **HUERTAS, EDWIN**
STREET ADDRESS **2512 REGAL OAKS LN**
CITY-ST-ZIP **LUTZ, FL 33559**
WILLIAM ABOB

TITLE **ST**
NAME **ROBINSON, CHARLES**
STREET ADDRESS **1001 86 AVE. N.**
CITY-ST-ZIP **ST. PETE, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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** *ST* *4-26-05* *813-245-4055*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #