

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759318** (9)
1. Corporation Name
TAMARAC SOCCER CLUB, INC.



Principal Place of Business P.O. BOX 26835 TAMARAC FL 33320-6835	Mailing Address P.O. BOX 26835 TAMARAC FL 33320-6835
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/27/1981		3a. Date of Last Report 05/01/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent POUCH, ARNOLD 8240 NW 68TH TERR TAMARAC FL 33321				10. Name and Address of New Registered Agent			
				81 Name SAME -			
				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 *Arnold C. Pouch* **ARNOLD C. POUCH** **3-1-97**
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	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	POUCH, ARNOLD		12 NAME				
STREET ADDRESS	8240 NW 68TH TERR		13 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		14 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MORRISROE, TOM		22 NAME				
STREET ADDRESS	8051 NW 47 COURT		23 STREET ADDRESS				
CITY-ST-ZIP	LAUDERHILL FL		24 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	31 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BIBBER, SUSAN		32 NAME	TERRI ROSENBERG			
STREET ADDRESS	7812 NW 79TH AVENUE		33 STREET ADDRESS	7009 NW 99th St.			
CITY-ST-ZIP	TAMARAC FL		34 CITY-ST-ZIP	LAUDERHILL, FLA 33319			
TITLE	TD	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BUA, LINDA		42 NAME				
STREET ADDRESS	8117 NW 73RD TERRACE		43 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		44 CITY-ST-ZIP				
TITLE	CD	<input checked="" type="checkbox"/> DELETE	51 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HILL, TOM		52 NAME	John Gullman			
STREET ADDRESS	7802 NW 73RD AVE		53 STREET ADDRESS	4911 NW 84th AV.			
CITY-ST-ZIP	TAMARAC FL		54 CITY-ST-ZIP	LAUDERHILL, FLA. 33351			
TITLE	TC	<input checked="" type="checkbox"/> DELETE	61 TITLE	TC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARZON, PEDRO		62 NAME	JOSE BARCO			
STREET ADDRESS	3111 CORAL SPRINGS DRIVE #214		63 STREET ADDRESS	7801 NW 75 AV.			
CITY-ST-ZIP	CORAL SPRINGS FL		64 CITY-ST-ZIP	TAMARAC, FLA. 33321			

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 *Arnold C. Pouch* **ARNOLD C. POUCH** **3-1-97** **654-721-702**

CR2E037 (9/96)