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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759318

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/27/1981

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

POUCH, ARNOLD
8240 NW 66TH TERR
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

Debra F Spangler

82 Street Address (P.O. Box Number is Not Acceptable)

7800 NW 66 Terr

83

84 City

Tamarac

FL

85 Zip Code

33321

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

Debra F. Spangler

Debra F. Spangler

1-06-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **POUCH, ARNOLD**
STREET ADDRESS **8240 NW 66TH TERR**
CITY-ST-ZIP **TAMARAC FL**

TITLE **V** ☒ DELETE
NAME **WOLF, JERRY**
STREET ADDRESS **8111 NW 72 AV**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **SD** ☒ DELETE
NAME **BIBBER, SUSAN**
STREET ADDRESS **7812 NW 74 AV**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **TD** ☒ DELETE
NAME **BUA, LINDA**
STREET ADDRESS **8117 NW 73RD TERRACE**
CITY-ST-ZIP **TAMARAC FL**

TITLE **CD** ☒ DELETE
NAME **BIBBER, TOM**
STREET ADDRESS **7812 NW 74 AV**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Debra F. Spangler**
1.3 STREET ADDRESS **7800 NW 66 Terr.**
1.4 CITY-ST-ZIP **Tamarac FL 33321**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **Dominick Greco**
2.3 STREET ADDRESS **7800 NW 66 Terr.**
2.4 CITY-ST-ZIP **Tamarac FL 33321**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Nancy Erwin**
3.3 STREET ADDRESS **8105 NW 74th Ave.**
3.4 CITY-ST-ZIP **Tamarac FL 33321**

4.1 TITLE **Lisa Pein TD** ☐ Change ☒ Addition
4.2 NAME **8100 NW 68th Ave**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **TAMARAC FL. 33321**

5.1 TITLE **CD** ☐ Change ☒ Addition
5.2 NAME **Laverne Coke**
5.3 STREET ADDRESS **7807 NW 69 Terr.**
5.4 CITY-ST-ZIP **Tamarac FL. 33321**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Debra F. Spangler

1/06/99

954-722-8898

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)