FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760179

(2)

1. Corporation Name (2) WEST CITRUS SOCCER CLUB, INC.										
WEST	UITIUS (SOUCEN OLUD, I	HO:							
Principal Place of Business			M	Mailing Address						4 OIFH 0001 (03)
25 N. COUNTRY CLUB DR. CRYSTAL RIVER FL 34429 US			H	P.O. BOX 975 HOMOSASSA FL 34447-0975 US						
			•	•				3. Date Incorporated or Qualified 09/24/1981	3a. Date of Last 05/01/	Report 1996
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-2445681		Not Applicable
22				27				5. Certificate of Status Desired	1 1	Additional Required
City & State				City & State				6. Election Campaign Financing	\$5.0	O May Be
23			28	THE TRANSPORT OF THE PROPERTY				Trust Fund Contribution	☐ Adde	d to Fees
Z _I p 24	Country 25		29	Zip Country 30		У		This corporation has liability for it Florida Statutes	intangible tax under] Yes 🏻 No	s. 199.032,
	9. Name	and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Re	gletered Agent	
					8	Name	PA	m WELLS		
MANZOLI, LYNN					8:	Street A	Addres		المال	
25 N. COUNTRY CLUB DR. CRYSTAL RIVER FL 34429					8:	3	del	90 S. BOLTON F	AVE.	
Onto	AL INTENTO	LUTTES			84	City			les 7	o Codo
						't		106A55A	FL 3	Code 4448
11. Pursuant office or r	to the provisi registered ag	ions of Sections 617.05 ent, or both, in the State	02 and 6 e of Flori	17.1508, Florida Stat da_Such change was	utes, the abor s authorized b	e-named y the corp	corpor	ration submits this statement for the p n's board of directors. I hereby accep	ourpose of changing of the appointment a	its registered as registered
		<i>4</i>	4 //		Florida Statute	es.			0202	·
SIGNATURE	Signature, typed	or printed name of registered ag	ent and litle	il applicable (No	OTE: Registered A	ent signature	required	when reinstailing)	DATE	
12.	·	OFFICERS AN	D DIREC	JIONO	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	TD	1417011		⊠ DELETE	1.1 TITLE		T)	Change	Addition
NAME CIDECT ACCOUNTS	LYNN M	DUNTRY CLUB DR			1.2 NAME	- 1	YE	tm wells 180 S. Bouton F	2, =	
STREET ADDRESS CITY-ST-ZIP	1	L RIVER FL			1.3 STREE	T ADDRESS	al I	tomosassa. F	7 344	42
TITLE	VD			DELETE	2.1 TITLE	31-ZIF		VOLVOSHSOFF, V	☐ Change	Addition
NAME		DUDEK			2.2 NAME				·	
STHEFT ADDRESS		MESA LN			2.3 STREE	T ADDRESS				
CITY-ST-ZIP		ASSA FL		- heres	2. 4 CITY	-ST-ZIP				
TITLE	VD CALLAM	VAV MICHAEI		DELETE	3.1 TITLE				☐ Change	Addition
NAME Street address		VAY, MICHAEL , gulf to lake hy	VΥ		3.2 NAME	T ADORESS				
CITY-ST-ZIP		L RIVER FL	• •		3.4. CITY	I				
TITLE	PD			DELETE	4.1 TITLE				☐ Change	Addition
NAME	WELLS,	RAYMOND			4.2 NAM	:				
STREET ADDRESS		WINGED FOOT CT			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	HOMOS	ASSA FL			4.4 C/TY-	ST-ZIP				
TITLE				DELETE	5.1 TITLE	-			Change	Addition
NAME CARCEA ADDRESS					5.2 NAME	- 1				
STREET ADDRESS	i				5.3 STREE	T ADDRESS				
איני דיי אווי						, I				ļ
CITY-ST-ZIP				DELETE	5.4 CITY-	ST-ZIP			Channe	Addition
CITY-ST-ZIP TITLE NAME				DELETE	6.1 TITLE				☐ Change	Addition
TITLE				☐ DELETE	6.1 TITLE 6.2 NAME				☐ Change	Addition

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:

Pamela Wells (CURE)

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

Daylime Phone # 0065221

FILED

Apr 01 1997 8:00am

Secretary of State