

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760179

1. Corporation Name

West Citrus Soccer Club, Inc.

Principal Place of Business

Mailing Address

25 N. Country Club Dr.
Crystal River Fl
34429
US

P.O. Box 975
Homosassa, FL 34447
US

3. Date Incorporated or Qualified
09/24/1981

4. FEI Number

59-2445681

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Pam Wells
2780 S. Bolton Ave.
Homosassa, FL 34448

81 Name

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

Signature: typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	Pam Wells	
STREET ADDRESS	2780 S Bolton Ave	
CITY-ST-ZIP	Homosassa, FL 34448	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Martin Dudek	
STREET ADDRESS	7901 W. Mesa Ln.	
CITY-ST-ZIP	Homosassa, FL 34448	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	Mike Callaway	
STREET ADDRESS	5636 W Gulf to Lake Hwy	
CITY-ST-ZIP	Crystal River, FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Ray Wells	
STREET ADDRESS	1 West Winged Foot Ct	
CITY-ST-ZIP	Homosassa, FL 34448	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Frank Alwood	
1.3 STREET ADDRESS	6337 W. Country Club Dr	
1.4 CITY-ST-ZIP	Homosassa, FL 34448	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mike Callaway	
3.3 STREET ADDRESS	3438 N. Citrus Ave	
3.4 CITY-ST-ZIP	Crystal River, FL 34428	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Pamela Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-98

Date

352-628-2541

Daytime Phone

CR2E037 (10/97)