

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763544** (4)

1. Corporation Name

CLEARWATER CHARGERS SOCCER CLUB, INC.



Principal Place of Business

Mailing Address

**880 BAY ESPLANE
CLEARWATER FL 34617
US**

**880 BAY ESPLANE
CLEARWATER FL 34630-1110
US**

3. Date Incorporated or Qualified
06/03/1982

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2210194

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **200 McMullen Booth Rd**

26 **880 Bay Esplanade**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Clearwater FL**

28 City & State

Zip

Country

Zip

Country

24 **34619**

25 **Pinellas**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATHERINE WEATHERILT
880 BAY ESPLANE
CLEARWATER FL 34630**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, ERIC	
STREET ADDRESS	1674 EDEN CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIMBRELL, STEVE	
STREET ADDRESS	1924 HARDING ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZINKE, LEA	
STREET ADDRESS	1399 S. BELCHER RD, STE 214	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEATHERILT, CATHY	
STREET ADDRESS	880 BAY ESPLANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAGEL, BARBARA	
STREET ADDRESS	12740 FRANK DRIVE S.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MANNINO, JEAN	
STREET ADDRESS	1680 ELM PLACE	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rob O'Nan	
1.3 STREET ADDRESS	6923 Spanish Moss Circle	
1.4 CITY-ST-ZIP	Tampa, FL 33624	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Kanyha	
2.3 STREET ADDRESS	1011 Wyndham Way	
2.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sally Fulp	
5.3 STREET ADDRESS	672 Litchfield Lane	
5.4 CITY-ST-ZIP	Dunedin, FL 34698	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Catherine A. Weatherilt 4/21/96 (813) 446-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)