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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

200 MCMULLEN BOOTH RD
CLEARWATER FL 34619
US

Mailing Address

880 BAY ESPLANADE
CLEARWATER FL 34630-1110
US3. Date Incorporated or Qualified
06/03/19823a. Date of Last Report
04/29/1996

4. FEI Number

59-2210194

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CATHERINE WEATHERILT
880 BAY ESPLANADE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ROB O'NAN
STREET ADDRESS 6923 SPANISH MOSS CIRCLE
CITY - ST - ZIP TAMPA FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE V ☐ DELETE
NAME DAVID KANYHA
STREET ADDRESS 1011 WYNDHAM WAY
CITY - ST - ZIP SAFETY HARBOR FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE SD ☒ DELETE
NAME ZINKE, LEA
STREET ADDRESS 1399 S. BELCHER RD, STE 214
CITY - ST - ZIP LARGO FL3.1 TITLE ☐ Change ☒ Addition
3.2 NAME SD
3.3 STREET ADDRESS Shirley Paralel
3.4 CITY - ST - ZIP 8685 Pine Tree Dr. E
Seminole, FL 33712TITLE TD ☐ DELETE
NAME WEATHERILT, CATHY
STREET ADDRESS 880 BAY ESPLANADE
CITY - ST - ZIP CLEARWATER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME SALLY FULP
STREET ADDRESS 672 LITCHFIELD LANE
CITY - ST - ZIP DUNEDIN FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE VD ☒ DELETE
NAME MANNINO, JEAN
STREET ADDRESS 1680 ELM PLACE
CITY - ST - ZIP CLEARWATER FL6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VD
6.3 STREET ADDRESS LaNita Nagele
6.4 CITY - ST - ZIP 2391 Ashmore Drive
Clearwater, FL 34623

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: Catherine Weatherilt A. Weatherilt

4/15/97

813 446-5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000000

CP2E037 (9/96)