

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763544 (4)
1. Corporation Name
CLEARWATER CHARGERS SOCCER CLUB, INC.

Principal Place of Business 300 McMULLEN BOOTH RD CLEARWATER FL 34619 US	Mailing Address 880 BAY ESPLANADE CLEARWATER FL 34630-1110 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/03/1982	
4. FEI Number 59-2210194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CATHERINE WEATHERILT
880 BAY ESPLANADE
CLEARWATER FL 34630-1110 33767**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 85 Zip Code
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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	P <input type="checkbox"/> DELETE
NAME	ROB O'NAN
STREET ADDRESS	8823 SPANISH MOSS CIRCLE
CITY - ST - ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	DAVID KANYHA
STREET ADDRESS	1011 WYNDHAM WAY
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PAROULEK, SHIRLEY
STREET ADDRESS	8885 PINE TREE DR E
CITY - ST - ZIP	SEMINOLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	WEATHERILT, CATHY
STREET ADDRESS	880 BAY ESPLANADE
CITY - ST - ZIP	CLEARWATER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SALLY FULP
STREET ADDRESS	672 LITCHFIELD LANE
CITY - ST - ZIP	DUNEDIN FL
TITLE	VO <input type="checkbox"/> DELETE
NAME	NAGELE, LANITA
STREET ADDRESS	2381 ASHMORE DR
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	515 20TH Avenue NE
5.4 CITY - ST - ZIP	St. Petersburg, FL 33704
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: Catherine A. Weatherilt 4/18/98 (813) 446 5060

CR2E037 (10/97)