

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 002 ****61.25

DOCUMENT # N04000003246

1. Entity Name
THE FUTBOL CLUB OF TAMPA, INC.



Principal Place of Business

**3802 EHRlich RD
STE 201
TAMPA, FL 33624**

Mailing Address

**3802 EHRlich RD
STE 201
TAMPA, FL 33624**

4000000



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2754365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLATTler, ED
3802 EHRlich RD
STE 201
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<i>Jose Cordoso</i>
NAME	GASTRO, JULIO E III	<i>12709 Dunhill Dr</i>
STREET ADDRESS	7417 OAKVISTA CIRCLE	<i>Tampa, FL 33624</i>
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	D	<i>Tony Calvo</i>
NAME	HOUSEMAN, DENNIS J	<i>1916 Sweetwater Ln</i>
STREET ADDRESS	18507 BITTERN AVENUE	<i>TAMPA, FL 33624</i>
CITY-ST-ZIP	LUTZ, FL 33558	
TITLE	<i>Treas.</i>	
NAME	VAN STEEN BERGEN, PAUL	
STREET ADDRESS	16208 MARSHFIELD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	DP	<i>Dave Dudash</i>
NAME	FERRARA, ROGER	<i>7417 Oakvista Circle</i>
STREET ADDRESS	10610 BRENTFORD DRIVE	<i>Tampa, FL 33634</i>
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	DS	
NAME	ENTERLIEN, JAMES	
STREET ADDRESS	10519 BRENTFORD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	D	
NAME	FERRARA, SHEILA	
STREET ADDRESS	10610 BRENTFORD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33626	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

Date

813-960-7098

Daytime Phone #