

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-21-2008 90029 045 ****61.25

DOCUMENT # N05000008554

1. Entity Name
TAMPA BAY SOCCER ALLIANCE, INC.



Principal Place of Business
**3802 EHRLICH RD STE 201
TAMPA, FL 33624**

Mailing Address
**3802 EHRLICH RD STE 201
TAMPA, FL 33624**

40029630



01032008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0568467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLATTNER, EDMUND
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 NAME STREET ADDRESS CITY-ST-ZIP	P HOUSEMAN, DENNIS J 16507 BITTERN AVE LUTZ, FL 33558	<i>Kevin Maddina 5807 Piney Ln Dr. Tampa, FL 33625</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUDASH, DAVID 7417 OAKVISTA CIRCLE TAMPA, FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAN STEENBERGEN, PAUL 16208 MARSHFIELD DR TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THARIN SR, GEORGE 4511 NORTH LINCOLN AVE TAMPA, FL 33614	<i>George Arroyo 15907 Marshfield Dr. Tampa, FL 33614</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THARIN JR, GEORGE 8314 TALONA VISTA LN TAMPA, FL 33614	<i>Miguel Pinheiro 1667 Locust Ave. Tampa, FL 33625</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SONYA MONTES 12709 Dunhill Dr. Tampa, FL 33624	

**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 #