## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name	N15595	(4)									
S, PALMETTO SOCCER CLUB, INC.											
"											
Principal Place of Business		Mailing Address									
C/O DAVID P. LEONARD		C/O DAVID P LEGNARD									



C/O DAVID	ace of Business  P. LEONARD 74TH COURT 13156	C/O D/	Mailing Address  C/O DAVID P. LEONARD  11301 S.W. 74TH COURT  MIAMI FL 33156										
•							3. (	Date Incorporated or Q	ualified	3a. Date of		ort	
2. Principal	Place of Business	2a, Mailir	ng Address	<del></del>				06/24/1986		08/1	4/1995		
21		26	ig / idd/200				4. /	El Number			Applie	ed For	
Suite, Ap	t. #, etc.		, Apt. #, etc.					59-2713652				pplicable	
22		27	, Apr. #, 6tc.				5. (	Certificate of Status De	sired	□ \$8	.75 Add	fitional	
City & Sta	ate		State		_						ee Requ	ired	
23		28						lection Campaign Fina		<b>5</b>	<b>5.00</b> ма	ву Ве	
Zip	Country	Zip		Cou	ntry			rust Fund Contribution			dded to F	ees	
24	25	29		30	, iti y		8. T	his corporation has lat	oility for int	angible tax und	ers. 199.6	032,	
	9. Name and Address of Cu	rrent Registered	Agent	1301				lorida Statutes	<u> </u>	Yes No			
					81	Name	10. 1	lame and Address o	New Heg	istered Agent			
LEONAL	RD, JANE E.			į.									
	SW 74TH CT				82	Street	t Address (P.O	. Box Number is Not A	cceptable)				
	FL 33156			ŀ	83								
***************************************	2 00150				83								
				ľ	84	City	· · · · · · · · · · · · · · · · · · ·	··· -·· ·		Jeel	Zip Cod		
11. Pursuant	to the provisions of Sections 617.0	E00 1 64 7 1 E00								FL  85	•		
icu i ilicar W	to the provisions of Sections 617.0 ered agent, or both, in the State of F vith, and accept the obligations of, S	lorida. Such chang section 617,0503, F	e was authorize lorida Statutes.	d by the c	orpo	amed or eration's	corporation sub s board of direc	mits this statement for ctors. I hereby accept t	the purpo he appoint	se of changing tment as registe	its register red agent	red office LI am	
SIGNATURE	Signature, typed or printed name of registered a	unet red this dead and											
12.		AND DIRECTORS	(00)		gent	signature r	required when reinst			DATE			
TITLE	PSD	AND DIRECTORS	TIDELETE	13.			A(	ODITIONS/CHANGES 1	O OFFICE	HS AND DIREC	TORS IN	12	
NAME	LEONARD, JANE E.									☐ Chan	ge 🔲 /	Addition	
STREET ADDRESS	11301 SW 74TH CT			1.2 NAM	_								
CITY-ST-ZIP	MIAMI FL					DDRESS	ľ					}	
TITLE	D		DELETE	1.4 CITY		ZIP	<del> </del>					ا ر	
NAME	SPEZIANI, MARTIN		DELEVE	21 TITL			D			Chan	e <b>12</b> 7	Addition	
STREET ADDRESS	C/O 11301 SW 74TH CT			2.2 NAN			0.3.	LEWHILL	٠.				
CITY-ST-ZIP	MIAMI FL			23 STR	EET A	ODRESS	11300	5w 14 0	<b>f</b>			i	
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NAME			DELETE	3.1 TITU						Chang	e 🔲 A	ddition	
STREET ADDRESS	MCKEEHAN, ALEX B. C/O 11301 SW 74TH CT			3.2 NAM			1				_		
City-St-Zip				3 3 STRE	EET AL	DDRESS							
TITLE	MIAMI FL		Therese	3.4 CITY		ZIP		<u> </u>				ĺ	
NAME	ł	[	DELETE	4.1 TITLE	E	Ţ				Chang	е ПА	ddition	
				4 2 NAN	4E	ļ				•			
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NAME				6 2 NAME		- 1				☐ Chang	: Ac	Jaition	
STREET ADDRESS				6.3 STREE		npece							
				- u.o.ouniti	L F BUI	UNE DO						1	
CITY-ST-ZIP	y certify that the information supplied			6.4.6.71		100							

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_

SIGNATURE AND TYPED ON PRIVINGS NAME OF SIGNING OFFICER OR DIRECTOR

TAVE F. LEWIAND PAES. 305 2320114