SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 20 AM 10:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15880** **(0)**

1. Corporation Name
ST. PETE SOCCER CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2601-67 WAY N. ST. PETE. FL 33710 US	2601-67 WAY N. ST. PETE. FL 33710 US

3. Date Incorporated or Qualified: 07/15/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 33-7224251 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENSON, L. HAP
2601-67 WAY N
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: LLOYD A. HENSON
82 Street Address (P.O. Box Number is Not Acceptable): 2601-67 WAY N.
83
84 City: ST. PETE FL 85 Zip Code: 33710

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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: L Hap Henson — JULY 14 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VD	☒ Change ☐ Addition
NAME	LYONS, DAVID	12 NAME	GUY R. HENSON	
STREET ADDRESS	9718 50TH AVENUE NORTH	13 STREET ADDRESS	2601-67 WAY N.	
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	ST. PETE, FL. 33710	
TITLE	STD	21 TITLE	STD.	☒ Change ☐ Addition
NAME	HENSON, CAROLYN	22 NAME	PATRICIA BACHA	
STREET ADDRESS	2601 67 WAY NORTH	23 STREET ADDRESS	11208 DUNCAN STREET	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	SEMINOLE, FL. 34642	
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	HENSON, LLOYD A	32 NAME		
STREET ADDRESS	2601 67 WAY NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	MCCLAIN, RICK	42 NAME		
STREET ADDRESS	7766 HASTINGS CT N	43 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LLOYD A. HENSON — Lloyd A. Henson — 7/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013022