

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N15880** (0)

1. Corporation Name

ST. PETE SOCCER CLUB, INC.



Principal Place of Business 2601-67 WAY N. ST. PETE. FL 33710 US	Mailing Address 2601-67 WAY N. ST. PETE. FL 33710-3152 US
--	---

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
---	--

3. Date Incorporated or Qualified 07/15/1986	3a. Date of Last Report 07/09/1996
4. FEI Number 33-7224251	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENSON, LLOYD A 2601 67TH WAY N ST PETERSBURG FL 33710	
--	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 **LLOYD A. HENSON** *Lloyd A. Henson* 3/10/97
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent in name only when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	HENSON, GUY
STREET ADDRESS	2801 67TH WAY N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BACHA, PATRICIA
STREET ADDRESS	11208 DUNCAN ST
CITY-ST-ZIP	SEMINOLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HENSON, LLOYD A
STREET ADDRESS	2601 67 WAY NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MCCLAIN, RICK
STREET ADDRESS	7766 HASTINGS CT N
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	SIMPSON, BETTY
STREET ADDRESS	6438 17TH PL NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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: **LLOYD A. HENSON** *Lloyd A. Henson* 3/10/97

CR2E037 (9/96)