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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15880** (0)

1. Corporation Name

ST. PETE SOCCER CLUB, INC.

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

4. FEI Number

33-7224251

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6438 17th Pl. N.

26 6438 17th Pl. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 St. Petersburg

28 St. Petersburg

Zip

Country

Zip

Country

24 33710

25 US

29 33710

30 US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENSON, LLOYD A
2601 67TH WAY N
ST PETERSBURG FL 33710

81 Name Betty Simpson

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Ehrlich & Samis

83 4699 Central Ave., Suite 102

84 City

St. Petersburg

FL

85 Zip Code 33713

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 **Betty Simpson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **HENSON, GUY**
STREET ADDRESS **2601 67TH WAY N**
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE **CVD** ☒ Change ☐ Addition
1.2 NAME **Simpson, Betty**
1.3 STREET ADDRESS **6438 17th Place North**
1.4 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **STD** ☒ DELETE
NAME **BACHA, PATRICIA**
STREET ADDRESS **11208 DUNCAN ST**
CITY-ST-ZIP **SEMINOLE FL**

2.1 TITLE **PD** ☐ Change ☒ Addition
2.2 NAME **Urquhart, J. Stanley**
2.3 STREET ADDRESS **4401 35th Avenue North**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **P** ☒ DELETE
NAME **HENSON, LLOYD A**
STREET ADDRESS **2601 67 WAY NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

3.1 TITLE **STD** ☐ Change ☒ Addition
3.2 NAME **Cain, Deborah M.**
3.3 STREET ADDRESS **5010 18th Avenue North**
3.4 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **CD** ☐ DELETE
NAME **SIMPSON, BETTY**
STREET ADDRESS **6438 17TH PL NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: **Betty Simpson** **3-30-98** **813-321-4700**

CR2E037 (1097)