

FILE NOW: FILING FEE IS \$61.20

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N16261 (2)

1. Corporation Name

BUENAVENTURA LAKES SOCCER CLUB, INC.

Principal Place of Business

P.O. BOX 430121
KISSIMMEE FL 34743

Mailing Address

P.O. BOX 430121
KISSIMMEE FL 34743

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SCHER, TIMOTHY
100 WHITE BIRCH DR.
KISSIMMEE FL 34743

3. Date Incorporated or Qualified
08/08/1986

3a. Date of Last Report
06/19/1995

4. FEI Number
59-2865454

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **MILLIE MCCLURE**

82 Street Address (P.O. Box Number is Not Acceptable)

1438 KINGSTON WAY

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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

Millie McClure

(NOTE: Registered Agent signature required when re-registering)

4/14/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SCHER, TIMOTHY**
STREET ADDRESS **100 WHITE BIRCH DR.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **V** ☒ DELETE
NAME **MCCLURE, MILLIE**
STREET ADDRESS **1438 KINGSTON WAY**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **VD** ☒ DELETE
NAME **WILLIAMS, LEWIS**
STREET ADDRESS **2 SPAR CT.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE **SD** ☐ DELETE
NAME **NICHOLS, TOM**
STREET ADDRESS **P.O. BOX 700461 N/A**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **TD** ☒ DELETE
NAME **SHER, JANET**
STREET ADDRESS **100 WHITE BIRCH DR.**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President P** ☒ Change ☐ Addition
1.2 NAME **MCCLURE, MILLIE**
1.3 STREET ADDRESS **1438 KINGSTON WAY**
1.4 CITY-ST-ZIP **KISSIMMEE FL 34744**

2.1 TITLE **President V** ☐ Change ☒ Addition
2.2 NAME **MARY DILLON**
2.3 STREET ADDRESS **649 OREGON WOODS CT**
2.4 CITY-ST-ZIP **ORLANDO, FL 32824**

3.1 TITLE **Trustee TD** ☒ Change ☐ Addition
3.2 NAME **LEWIS WILLIAMS**
3.3 STREET ADDRESS **2 SPUR CT**
3.4 CITY-ST-ZIP **KISSIMMEE FL 34743**

4.1 TITLE **REGISTRAR** ☐ Change ☒ Addition
4.2 NAME **PATRICIA A. NICHOLS**
4.3 STREET ADDRESS **608 PENNSYLVANIA AVE**
4.4 CITY-ST-ZIP **ST. CLOUD, FL 34769**

5.1 TITLE **ATHLETIC DIRECTOR** ☐ Change ☒ Addition
5.2 NAME **JOHN MCCLURE**
5.3 STREET ADDRESS **1438 KINGSTON WAY**
5.4 CITY-ST-ZIP **KISSIMMEE FL 34744**

6.1 TITLE **FUND RAISER** ☐ Change ☒ Addition
6.2 NAME **SUSAN MYERS**
6.3 STREET ADDRESS **13145 BOULDER WOODS CIR**
6.4 CITY-ST-ZIP **ORLANDO FL 32824**

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)(k), 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:

Millie McClure **MILLIE MCCLURE**

4/14/96

407 935 9063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)