

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

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # **N25413** (8)

1. Corporation Name
TOWN AND COUNTRY SOCCER, INC.

Principal Place of Business Mailing Address
7022 SOCCER AVE 7022 SOCCER AVE
P.O. BOX 260534 P.O. BOX 260534
TAMPA FL 33685-7534 TAMPA FL 33685-7534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/15/1988	3a. Date of Last Report 05/23/1994
4. FEI Number 59-2877718	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**VICKERS, WILLIAM JR
7910 BEASLEY RD
TAMPA FL 33615**

10. Name and Address of New Registered Agent
81 Name **Newton Barbara J**
82 Street Address (P.O. Box Number is Not Acceptable)
12001 Littleberry Ct
83
84 City **Tampa** FL 85 Zip Code **33635**

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 Barbara J. Newton
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	NEWTON, BARBARA J
STREET ADDRESS	12001 LITTLEBERRY CT
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	VICKERS, WILLIAM
STREET ADDRESS	7910 BEASLEY RD
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	WILT, REBECCA
STREET ADDRESS	8405 BLACKSTONE CT
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SD Bryant T Brofsky
23 STREET ADDRESS	6616 Memorial Hwy
24 CITY - ST - ZIP	Tampa FL 33615
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TD CAROL DOLPHIN
33 STREET ADDRESS	8714 WHIT LN.
34 CITY - ST - ZIP	TAMPA, FL. 33615
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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: Barbara J. Newton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-95 813-228-1822
(Date) (Telephone No)

CR2E037 (3/95)