FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUN 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28820 (1)

1. Corporation Name
CARROLLWOOD SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 E KENNEDY BLVD #2500 TAMPA FL 33602	101 E KENNEDY BLVD #2500 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1988
3a. Date of Last Report: 08/03/1994
4. FEI Number: 59-2927409 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21 P.O. Box 271390	26 P.O.Box 271390	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 TAMPA, FL	City & State 28 TAMPA, FL	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 33688 — Country 25 USA	Zip 29 33688 — Country 30 USA	8. This corporation has liability for intangible tax (refer S. 199.032, Florida Statutes) ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPALL, MICHAEL A. 15703 PINTO PLACE TAMPA FL 33624	81 Name: JIM HOKES 82 Street Address (P.O. Box Number is Not Acceptable): 4313 CARROLLWOOD VILLAGE DRIVE 83 84 City: TAMPA FL 85 Zip Code: 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] JIM HOKES 6/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☒ Change ☐ Addition
NAME	EVERHART, DON	12 NAME	
STREET ADDRESS	6912 DAKOTA AVENUE NORTH	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	SPALL, MIKE	22 NAME	TIM FARREL
STREET ADDRESS	15703 PINTO PLACE	23 STREET ADDRESS	4220 Meadowhill Dr
CITY-ST-ZIP	TAMPA FL 33124	24 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	HOKES, GINNY	32 NAME	GREG COOK
STREET ADDRESS	4313 CARROLLWOOD VILLAGE	33 STREET ADDRESS	3432 Valley RANCH DRIVE
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	GORDON, BRUCE	42 NAME	
STREET ADDRESS	13702 SUN COURT	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	P ☒ Change ☐ Addition
NAME	HOKES, JIM	52 NAME	JIM HOKES
STREET ADDRESS	4313 CARROLLWOOD VILLAGE DR.	53 STREET ADDRESS	4313 CARROLLWOOD VILLAGE DRIVE
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	SMITH, DARRELL	62 NAME	
STREET ADDRESS	2511 COZUMEL	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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)(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: [signature] 6/25/95 813 963-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013073