

5-19-98 3-7675-C  
FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35572** (9)  
1. Corporation Name

**ORLANDO UNITED SOCCER CLUB, INC.**

Principal Place of Business <b>P.O. BOX 568261 ORLANDO FL 32856-8261</b>	Mailing Address <b>P.O. BOX 568261 ORLANDO FL 32856-8261</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>12/06/1989</b>	4. FEI Number <b>59-2999448</b>	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**LANG, THOMAS F.  
390 N. ORANGE AVE.  
SUITE 1300  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

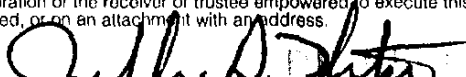
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TATE, BOB</b>
STREET ADDRESS	<b>1246 MARKEL STREET</b>
CITY-ST-ZIP	<b>WINTER GARDEN FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SHUMAN, GEORGE</b>
STREET ADDRESS	<b>3416 GATLIN PL CIR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, LINDA</b>
STREET ADDRESS	<b>8518 SHADY GLEN DR</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>HUNTER, JEFF</b>
STREET ADDRESS	<b>1039 LENMORE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MEYER, MARY</b>
STREET ADDRESS	<b>7241 WILLOWOOD ST</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ORCHILLES, JORGE</b>
1.3 STREET ADDRESS	<b>P.O. BOX 1650 N/A</b>
1.4 CITY-ST-ZIP	<b>WINDERMERE, FLA 34786</b>
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 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:



4/30/98 407 898 1687

CR2E037 (10/97)