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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 3:14

DOCUMENT # **N44606** (4)

1. Corporation Name

CHARLOTTE COUNTY SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1223 MURDOCK FL 33938	P.O. BOX 1223 MURDOCK FL 33938

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0349071 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 3801223	26 P.O. BOX 3801223
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MURDOCK, FL	28 MURDOCK, FL
24 Zip 33938-1223 / 25 Country	29 Zip 33938-1223 / 30 Country

9. Name and Address of Current Registered Agent

BUDIN, ROSALBA – D
830 W ELLICOTT CIRCLE
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: ROBERT C. SIFRIT – D (4)
82 Street Address (P.O. Box Number is Not Acceptable):
83: 19031 MCGRATH CIRCLE
84 City: PORT CHARLOTTE **FL** 85 Zip Code: 33948

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] ROBERT C. SIFRIT, SECRETARY
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	PD	11 TITLE		☐ Change ☐ Addition
NAME	BUDIN, GEORGE – D (1)	12 NAME		
STREET ADDRESS	830 W ELLICOTT CIR	13 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	~~MCKNIGHT, TIMOTHY E~~	22 NAME	JOHN D. STEVENS – P (3)	
STREET ADDRESS	~~18942 MCGRATH CIRCLE~~	23 STREET ADDRESS	2716 TAMIAMI TRAIL	
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	24 CITY-ST-ZIP	PT. CHARLOTTE, FL 33952	
TITLE	TDS	31 TITLE	S	☒ Change ☐ Addition
NAME	~~BUDIN, ROSALBA~~	32 NAME	ROBERT C. SIFRIT – D (4)	
STREET ADDRESS	~~830 W ELLICOTT CIR~~	33 STREET ADDRESS	19031 MCGRATH CIRCLE	
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	34 CITY-ST-ZIP	PT. CHARLOTTE, FL 33948	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	COBURN, DAN – D (2)	42 NAME		
STREET ADDRESS	4403 CONWAY BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] GEORGE W. BUDIN, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060843