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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:45

DOCUMENT # N45542 (0)

1. Corporation Name
SPRING HILL CLASSIC SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 5993 SPRING HILL FL 34606 US	P O BOX 5993 SPRING HILL FL 34606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3090477 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ZANDECKI, THOMAS J., ESQUIRE
COUNSEL SQUARE
7629 LITTLE ROAD; SUITE 250
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CAMBELL, JON	1.2 NAME	
STREET ADDRESS	3365 SAILFISH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SRPING HILL FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	BERGER, PENNY	2.2 NAME	JOHN BATISTA M.D.
STREET ADDRESS	8076 CHANCER DR	2.3 STREET ADDRESS	18527 CEDAR BROOK CT.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ROMENT, BOB	3.2 NAME	
STREET ADDRESS	3422 KNOTTY OAKS	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	BATES, KRIS	4.2 NAME	
STREET ADDRESS	4133 DRISTOL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	D ☒ Change ☐ Addition
NAME	TAYLOR, CAROL	5.2 NAME	LYNETTE BATISTA
STREET ADDRESS	13144 ANGLER ST.	5.3 STREET ADDRESS	18527 CEDAR BROOK CT.
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	OPEDAHL, JANE	6.2 NAME	
STREET ADDRESS	9167 MANCHESTER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGHILL FL	6.4 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: Kris Bates Treasurer 1/30/95 904-683-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
KRIS BATES

0065603