

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
10/09/1991

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CAMBELL, JON**
STREET ADDRESS **3365 SAILFISH CT**
CITY-ST-ZIP **SPRING HILL FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **AHRENS, FREDERICK**
1.3 STREET ADDRESS **9387 CENTURY DRIVE**
1.4 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **VPD** ☒ DELETE
NAME **BATISTA, JOHN MD**
STREET ADDRESS **18527 CEOAR BROOK CT**
CITY-ST-ZIP **HUDSON FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **MULE', JOSEPH P.**
2.3 STREET ADDRESS **27303 FLAGLER AVE**
2.4 CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **D** ☒ DELETE
NAME **ROMENT, BOB**
STREET ADDRESS **3422 KNOTTY OAKS**
CITY-ST-ZIP **SPRING HILL FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **AHRENS, REBECCA**
3.3 STREET ADDRESS **9387 CENTURY DRIVE**
3.4 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **TD** ☒ DELETE
NAME **BATES, KRIS**
STREET ADDRESS **4133 DRISTOL AVE.**
CITY-ST-ZIP **SPRING HILL FL**

4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **MULE', JOANNE**
4.3 STREET ADDRESS **27303 FLAGLER AVE**
4.4 CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **D** ☒ DELETE
NAME **BATISTA, LYNETTE**
STREET ADDRESS **18527 CEDAR BROOK CT**
CITY-ST-ZIP **HUDSON FL**

5.1 TITLE **SD** ☒ Change ☐ Addition
5.2 NAME **SPELL, JUDY**
5.3 STREET ADDRESS **18468 FORT DADE AVE**
5.4 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **SD** ☒ DELETE
NAME **OPEDAH, JANE**
STREET ADDRESS **9167 MANCHESTER ST**
CITY-ST-ZIP **SPRINGHILL FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Joanne Mule

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

Date

352 799-1606

Daytime Phone #