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FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
USP O BOX 5993  
SPRING HILL FL 34611-0904  
US3. Date Incorporated or Qualified  
10/09/19913a. Date of Last Report  
06/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

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

☐\$5.00 May Be  
Added to Fees8. 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 AHRENS, FREDERICK  
STREET ADDRESS 9387 CENTURY DRIVE  
CITY-ST-ZIP SRPING HILL FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VPO ☐ DELETE  
NAME MULE, JOSEPH P  
STREET ADDRESS 27303 FLAGER AVE  
CITY-ST-ZIP BROOKSVILLE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME AHRENS, REBECCA  
STREET ADDRESS 9387 CENTURY DRIVE  
CITY-ST-ZIP SPRING HILL FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME MULE, JOANNE  
STREET ADDRESS 27303 FLAGER AVE  
CITY-ST-ZIP BROOKSVILLE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME SPELL, JUDY  
STREET ADDRESS 18468 FORT DADE AVE  
CITY-ST-ZIP BROOKSVILLE FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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: Joanne Mule- 2-3-97 352 544-6455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066577

CR2E037 (9/96)