## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # (0)N45542 SPRING HILL CLASSIC SOCCER CLUB, INC. Principal Place of Business Mailing Address P O BOX 5983 P O BOX 5993 Date Incorporated or Qualified SPRING HILL FL \$4806 SPRING HILL FL 34606 10/09/1991 4. FEI Number Applied For 59-3090477 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? City & State City & State 23 28 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible Yes\_ Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZANDECKI, THOMAS J., ESQUIRE 82 Street Address (P.O. Box Number is Not Acceptable) **COUNSEL SQUARE** 83 7629 LITTLE ROAD; SUITE 250 **NEW PORT RICHEY FL 34654** 84 City 85 Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE AroiDent ~KI(D) Addition Change TITLE 1.1 TITLE Tahn J. Fr. AHRENS, FREDERICK NAME 1.2 NAME 8203 Dooden Dr. 9387 CENTURY DRIVE STREET ADDRESS 1.3 STREET ADDRESS **SRPING HILL FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP Note Vitola DELETE VPD Change Addition TITLE 2.1 TITLE MULE, JOSEPH P NAME 2.2 NAME 7513 Cak Tree Lane 27303 FLAGER AVE STREET ADDRESS 2.3 STREET ADDRESS **B**ROOKSVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change icki Forguson AHRENS, REBECCA NAME 3.2 NAME Datham Ave. 2398 9387 CENTURY DRIVE STREET ADDRESS 3.3 STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change TITLE TD 4.1 TITLE Addition MULE, JOANNE NAME 4. 2 NAME 27303 FLAGER AVE STREET ADDRESS 4.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE SD 5.1 TITLE SPELL, JUDY 100002553601--1 NAME 5.2 NAME 18468 FORT DADE AVE -06/03/38 --01114- -002 STREET ADDRESS 5.3 STREET ADDRESS **BROOKSVILLE FL** \*\*\*\*\*61.25 \*\*\*\*\*61. CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 expect this leport 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.

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