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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT CE STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N45567

(7)

FUTBOL CLUB OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
6880 52ND STREET, NORTH	6880 52ND STREET, NORTH
PINELLAS PARK FL 33781	PINELLAS PARK FL 33781-5742

FILED Apr 30 1997 8:00am Secretary of State



			31-Q/4E			· · · · · · · · · · · · · · · · · · ·		
					3. Date incorporated or Qualified 10/17/1991	3a. Date o	1 Last R 26/19	port 6
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Ap	olied For
21		26	. <u></u>	·	59-3106914		No	t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ <b>\$</b>	8.75 / Fee Re	dditional quired
City & State	9	City & State			6. Election Campaign Financing		5.00	May Be
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	<del></del>	untry	8. This corporation has liability for in			199.032,
24	25	29	30	<del></del>		Yes N		
	9. Name and Address of Curr	rent Registered Agent		81 Name	10. Name and Address of New Rec	listered Agei	nt	
s sheet door				61 Name				
HENRY,				82 Street Ad	Idress (P.O. Box Number is Not Acceptable	le)		
	ND STREET N.			160				
PINELLA	IS PARK FL 33781			83				
				84 City	<u> </u>	<b></b> 8!	Zip (	Code
				<u> </u>		<u>FL</u>		
11. Pursuant t	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	1502 and 617.1508, Florida Stati ate of Florida, Such change was	utes, the a	above-named co	orporation submits this statement for the pi	urpose of cha t the annoint	inging it nent as	s registered registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 617.0503, I	Florida Sta	atutes.	orporation submits this statement for the puration's board of directors. I hereby accep	t tro appoint	IIOIIL GIS	rogistorea
SIGNATURE								
	Signature, typed or printed name of registered				quired when reinstating)	DATE	COTOR	6 111 46
12.	, <u></u>	AND DIRECTORS  DELETE	13.	·	ADDITIONS/CHANGES TO OFFIC			S IN 12
TITLE	D NENDVEADI	☐ OCLETE		TLE		u	Change	L. AUGILIO
NAME	HENRY, EARL 6880 52ND ST. NÖ.		1	ME	¥			
STREET ADDRESS	DAMU DANU ST. NO.							
1			•	SEET ADDRESS				
CITY-ST-7IP	PINELLAS PARK FL	Portion	1/1	Y - ST - ZIP	······································		Channa	Assault
CITY-ST-ZIP TITLE	PINELLAS PARK FL D	DELETE	1.4 t 2.1 t	Y - ST - Z)P			Change	Additio
CITY-ST-ZIP TITLE NAME	PINELLAS PARK FL D FARIA, RUI	DELETE	1.41 2.11 2.21	Y-ST-ZIP Le Ae			Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINELLAS PARK FL D FARIA, RUI 1340 17TH AVE N ST PETERSBURG FL		1.41 2.11 2.21 2.31 2.4	Y-ST-ZIP LE ME LEET ADORESS LY-\$T-ZIP			•	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PINELLAS PARK FL D FARIA, RUI 1340 17TH AVE N ST PETERSBURG FL D	☐ DELETE	1.41 2.11 2.2 2.3 2.4 3.11	Y-ST-ZIP LE AE BET ADDRESS TY-ST-ZIP LE			Change Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PINELLAS PARK FL D FARIA, RUI 1340 17TH AVE N ST PETERSBURG FL D STEHL, GEORGIA		1.41 2.11 2.21 2.31 2.4 8.11 3.21	Y-ST-ZIP  LE AE LEET ADDRESS Y-ST-ZIP LE AME	· .		•	
CITY-ST-7;P TITLE NAME STREET ADDRESS CITY-ST-7;P TITLE NAME STREET ADDRESS	PINELLAS PARK FL D FARIA, RUI 1340 17TH AVE N ST PETERSBURG FL D STEHL, GEORGIA 504 100 AVENUE NORTH		1.41 2.11 2.24 2.31 2.4 3.11 3.21	Y-ST-ZIP  LE  AE LET ADDRESS YY-ST-ZIP LE  LE  STREET ADDRESS			•	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PINELLAS PARK FL D FARIA, RUI 1340 17TH AVE N ST PETERSBURG FL D STEHL, GEORGIA 504 100 AVENUE NORTH	☐ DELETE	1.44 2.11 2.24 2.31 3.24 3.31 3.4. 4.1° 4.2 4.31 4.41 5.1° 5.21	LE AE BET ADDRESS LY-\$T-ZIP LE AME STREET ADDRESS CITY-\$T-ZIP LILE NAME STREET ADDRESS			Change Change	Addition
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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; the 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 chapter of the national problem with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone # n