


FILE NOW: FILING FEE IS \$61.25

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Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90082 015 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50226

1. Corporation Name

SOUTH HILLSBOROUGH SOCCER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3689
APOLLO BEACH FL 33572-1006

P.O. BOX 3689
APOLLO BEACH FL 33572-1006



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/31/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3132620
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

MCCAY, HAROLD S JR
11435 MCMULLEN RD.
RIVERVIEW FL 33569

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

Harold S. McCay Jr.

Harold S. McCay Jr. President

1-28-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANNER, DEBBIE	1.2 NAME	
STREET ADDRESS	911 GOLF ISLAND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRELING, BOB	2.2 NAME	
STREET ADDRESS	915 SPINDLE PALM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAY, HAROLD S JR	3.2 NAME	
STREET ADDRESS	11435 MCMULLEN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE:

Deborah A. Wanner

Deborah A. Wanner 1-28-99 813-641-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)