

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000001523 (0)**

1. Corporation Name  
**TOWN AND COUNTRY COMPETITIVE SOCCER, INC.**



Principal Place of Business: **7406 GUNN HIGHWAY TAMPA FL**  
Mailing Address: **7406 GUNN HIGHWAY TAMPA FL**

3. Date Incorporated or Qualified: **04/01/1993**      3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3178950**      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

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22**      Suite, Apt. #, etc.: **27**

City & State: **23**      City & State: **28**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

9. Name and Address of Current Registered Agent  
**STEVENS, WILLIAM  
7406 GUNN HIGHWAY  
TAMPA FL 33625**

10. Name and Address of New Registered Agent

**81** Name: \_\_\_\_\_

**82** Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

**83** \_\_\_\_\_

**84** City: \_\_\_\_\_      **85** Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEVENS, WILLIAM	
STREET ADDRESS	7406 GUNN HIGHWAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MCIVER, MIKE	
STREET ADDRESS	7517 OAK VISTA CIT	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NEILSON, BRUCE	
STREET ADDRESS	14208 BANBURY WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	KINAS, NANCY	
STREET ADDRESS	315 BUENA VISTA DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Nancy Kinias*      6/14/96      (813) 636-6177  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)