FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9300001523 (0)

TOWN AND COUNTRY COMPETITIVE SOCCER, INC.

Principal Plac	e of Business	Malling Address	· · · · · · · · · · · · · · · · · · ·	1861/18 61 1861 61 61 61 61 61 61 61 61 61	
7406 GUNN HIGHWAY TAMPA FL		7408 GUNN HIGHWAY TAMPA FL		3. Date Incorporated or Qualified 04/01/1993 4. FEI Number	Applied For
	Place of Business	2a. Malling Address		59-3178950 5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	W, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	e	City & State		7. Is this nonprofit corporation a homeov	vners association?
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	
	9. Name and Address of Curre			10. Name and Address of New Register	red Agent
			81 Name		
DARRIBA			82 Street	Address (P.O. Box Number is Not Acceptable)	
	JTUMN LEAVES DR		<u> </u>		
TAMPA	FL 33624		83		
			84 City		85 Zip Gode
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the nurgos	e of changing its registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE	: Registered Agent signature		TE
12.	OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
NAME	DARRIBA, RAUL		1.1 THEE 1.2 NAME		C CHANGE C Addition
STREET ADDRESS CITY-ST-ZIP	4316 AUTUMN LEAVES DR		1.3 STREET ADDRESS		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAME	EDWARDS, STEVE		2.2 NAME		
STREET ADDRESS	7521 CLEARVIEW DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2. 4 CITY - ST - ZIP		
TITLE	DVS	DELETE	3.1 TITLE	DVS	Change Addition
NAME	NEWTON, TOM		3.2 NAME	WILLIAM STEVENS	
STREET ADDRESS	12001 LITTLE BERRY CT TAMPA FL		3.3 STREET ADDRESS	TAMPA, FL.	
CITY-ST-ZIP TITLE	IAMYA FL	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	I AM FF F F F F	Change Addition
NAME		FT MEETE	4.2 NAME		ting oracigo ting rightfull
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

14. Thereby certify that the information supplied with this filling 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:

RAUL PARRIBA (DPT) 4/29/97 813-228-4685

CR2E037 (10/97)

FILED

May 11 1998 8:00am

Secretary of State