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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000313 (6)

1. Corporation Name

NEW TAMPA SOCCER ASSOCIATION, INC.



Principal Place of Business	Mailing Address
19651 BRUCE B. DOWNS BLVD. SUITE E6 TAMPA FL 33647	19651 BRUCE B. DOWNS BLVD. SUITE E6 TAMPA FL 33647

3. Date Incorporated or Qualified	02/16/1994
4. FEI Number	59-3224768
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7628 N. 56th St.	26 7628 N. 56th St.
22 Suite, Apt. #, etc. STE 15	27 Suite, Apt. #, etc. STE 15
23 City & State TAMPA, FL	28 City & State TAMPA, FL
24 Zip 33617	25 Country HUSBOROUGH
29 Zip 33617	30 Country HUSBOROUGH

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
KIST, JAMES R CPA 19651 BRUCE B. DOWNS BLVD. SUITE E6 TAMPA FL 33647	

10. Name and Address of New Registered Agent	
81 Name	KIMBERLY W. COLE, CPA
82 Street Address (P.O. Box Number is Not Acceptable)	7628 N. 56th St.
83	STE 15
84 City	TAMPA
85 State	FL
86 Zip Code	33617

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* *[Signature]* *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/23/98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BERG, KENNETH
STREET ADDRESS	8028 WESLEY DRIVE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	VD <input type="checkbox"/> DELETE
NAME	HAIZKOUTELIS, KOSTAS
STREET ADDRESS	2133 IBIS DRIVE NE
CITY-ST-ZIP	CLEARWATER FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	BRAY, CARYN
STREET ADDRESS	7203 WAREHAM DRIVE
CITY-ST-ZIP	TAMPA FL 33647
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KIST, JIM
STREET ADDRESS	19651 BRUCE B. DOWNS BLVD. SUITE E6
CITY-ST-ZIP	TAMPA FL 33647
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD KIMBERLY W. COLE
4.3 STREET ADDRESS	7628 N. 56th St. STE 15
4.4 CITY-ST-ZIP	TAMPA, FL 33617
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]* 1/14/98 98-2035 (813)

CR2E037 (10/97)