

FILE NOW; FILING FEE IS \$61.25

FILED  
Jul 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002905 (7)**

1. Corporation Name  
**CALLAHAN SOCCER CLUB, INCORPORATED**



Principal Place of Business <b>3900 HELLER RD. CALLAHAN FL 32011</b>	Mailing Address <b>3900 HELLER RD. CALLAHAN FL 32011-4930</b>
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3. Date Incorporated or Qualified <b>06/13/1994</b>	3a. Date of Last Report <b>11/15/1996</b>
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2. Principal Place of Business 21 <b>5177 Plantation Rd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 1425</b> Suite, Apt. #, etc.
22 City & State <b>Callahan FL</b>	27 City & State <b>Callahan, FL</b>
23 Zip <b>32011</b>	28 Country <b>NASSAU</b>
24 <b>32011</b>	25 <b>NASSAU</b>
29 <b>32011</b>	30 <b>NASSAU</b>

4. FEI Number <b>59-3254477</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**MOSER, KIMBERLY  
3900 HELLER RD.  
CALLAHAN FL 32011**

10. Name and Address of New Registered Agent

81 Name <b>Pamela G. Brown</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5177 Plantation Rd</b>
83
84 City <b>Callahan</b>
85 Zip Code <b>FL 32011</b>

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 **Pamela G. Brown** *Pamela G. Brown* **7-7-97**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>DAVIES, ALLEN</b>	
STREET ADDRESS <b>RT. 4 BOX 498</b>	
CITY-ST-ZIP <b>CALLAHAN FL 32011</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MADDOX, RANDY</b>	
STREET ADDRESS <b>RT. 5 BOX 3290</b>	
CITY-ST-ZIP <b>CALLAHAN FL 32011</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>HALE, JENNIFER</b>	
STREET ADDRESS <b>3760 CATIES</b>	
CITY-ST-ZIP <b>CALLAHAN FL 32011</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MOSER, KIMBERLY</b>	
STREET ADDRESS <b>3900 HELLER RD</b>	
CITY-ST-ZIP <b>CALLAHAN FL 32011</b>	
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 <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DAVIES, ALLEN</b>	
1.3 STREET ADDRESS <b>RT 4, Box 498</b>	
1.4 CITY-ST-ZIP <b>Callahan, FL 32011</b>	
2.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Pamela G. Brown</b>	
2.3 STREET ADDRESS <b>5177 Plantation Rd</b>	
2.4 CITY-ST-ZIP <b>Callahan, FL 32011</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Hale, Jennifer</b>	
3.3 STREET ADDRESS <b>3760 Caties Way</b>	
3.4 CITY-ST-ZIP <b>Callahan, FL 32011</b>	
4.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Bowita L. Gillis</b>	
4.3 STREET ADDRESS <b>2727 Lem Turner</b>	
4.4 CITY-ST-ZIP <b>Callahan, FL 32011</b>	
5.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Guffin, Donna L.</b>	
5.3 STREET ADDRESS <b>5258 Ratliff Road</b>	
5.4 CITY-ST-ZIP <b>Callahan, FL 32011</b>	
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 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; 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 *Pamela G. Brown* **(904) 731-2000**

CR2E037 (9/96)