

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002905

1. Corporation Name

CALLAHAN SOCCER CLUB, INCORPORATED

Principal Place of Business

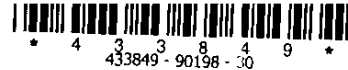
5177 PLANTATION RD
CALLAHAN FL 32011
US

Mailing Address

P O BOX 1425
CALLAHAN FL 32011
US

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90198 030 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/13/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3254477

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

County

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

21

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, PAMELA G
5177 PLANTATION RD
CALLAHAN FL 32011

81 Name Bonita L. Gillis

82 Street Address (P.O. Box Number is Not Acceptable)

2727 Lem Turner Rd.

83

84 City CALLAHAN

FL

Zip Code 32011

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 *Bonita L. Gillis*

Bonita L. Gillis

4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, PAMELA G
STREET ADDRESS 5177 PLANTATION RD
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Gillis, Bonita L.
1.3 STREET ADDRESS 2727 Lem Turner Rd.
1.4 CITY-ST-ZIP Callahan Fl. 32011 ☒ Change ☐ Addition

TITLE SD
NAME HALE, JENNIFER
STREET ADDRESS 3760 CATIES WAY
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

2.1 TITLE SD
2.2 NAME Wheeler, Dawn
2.3 STREET ADDRESS 3873 Hazel Jones Rd.
2.4 CITY-ST-ZIP Callahan, Fl. 32011 ☒ Change ☐ Addition

TITLE VD
NAME GILLIS, BONITA L
STREET ADDRESS 2727 LEM TURNER
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

3.1 TITLE V.D.
3.2 NAME Harrison, Diane
3.3 STREET ADDRESS Rt 1 Box 308
3.4 CITY-ST-ZIP BAYCEVILLE, FL. 32009 ☒ Change ☐ Addition

TITLE TD
NAME GUFFIN, DONNA L
STREET ADDRESS 5258 RATLIFF ROAD
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

4.1 TITLE TD
4.2 NAME Thomas, Pamela
4.3 STREET ADDRESS 3439 Lisa Dr.
4.4 CITY-ST-ZIP Callahan Fl 32011 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Bonita L. Gillis*

4/26/99

9048791855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)