FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005068 (1)

1. Corporation Name

SOCCER PLAYERS CLUB, INC.

Principal Place of Business	Mailing Address
1343 MAIN ST 5TH FLOOR SARASOTA FL 34236	1343 MAIN ST 5TH FLOOR SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1994
3a. Date of Last Report:
4. FEI Number: 65-0525610 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 711 CATTLEMEN Rd	26 (SAME) 711 Cattlemen Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SARASOTA FL	28 City & State: SARASOTA FL
24 Zip: 34232 25 Country: USA	29 Zip: 34232 30 Country: USA

9. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR.
1800 2ND ST
SUITE 755
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: AL FIGUERA
82 Street Address (P.O. Box Number is Not Acceptable): 7005 SADDLE Creek Circle
83
84 City: SARASOTA FL 85 Zip Code: 34241

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/16/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALFRED FIGUERA 7005 SADDLE Creek Circle SARASOTA FL 34241	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CAROL ANN FIGUERA 7005 SADDLE Creek Circle SARASOTA FL 34241	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DIRECTOR CHARLIE CLARK 828 EAGLEWILD WAY SARASOTA, FL 34241	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR GORDON MUFFIN 4559 BUCANEER CT SARASOTA FL 34231	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] PRESIDENT 4/16/95 813-379-5549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016407