

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90050 015 \*\*\*\*61.25

DOCUMENT # N95000001956

1. Entity Name  
CORAL SPRINGS RENEGADES SOCCER CLUB, INC.



Principal Place of Business  
10350 NW 42ND DRIVE  
CORAL SPRINGS, FL 33065

Mailing Address  
10350 NW 42ND DRIVE  
CORAL SPRINGS, FL 33065

50013036



2. Principal Place of Business  
9861 W SAMPLE ROAD #161  
Coral Springs, FL 33065

3. Mailing Address  
9861 W. Sample Road  
#161  
Coral Springs FL

02022005 Chg-NP CR2E037 (10/03)

City & State  
Coral Springs FL

4. FEI Number  
65-0624541

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PURCELL, BILL  
10350 NW 42ND DR  
CORAL SPRINGS, FL 33065

NEW Address →

7. Name and Address of New Registered Agent

Name: Bill Purcell  
Street Address (P.O. Box Number is Not Acceptable): 4370 NW 101 DRIVE  
City: CORAL SPRINGS FL Zip Code: 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bill Purcell*

2/2/5

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

(NOTE: Registered Agent's signature required when reappointing)

DATE

Filing Fee is: \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PD                      | <input type="checkbox"/> Delete |
| NAME           | PURCELL, WILLIAM        |                                 |
| STREET ADDRESS | 10350 NW 42ND DR.       |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS, FL       |                                 |
| TITLE          | VPD                     | <input type="checkbox"/> Delete |
| NAME           | REARER, JOAN            |                                 |
| STREET ADDRESS | 821 NW 102 AVE.         |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS, FL 33071 |                                 |
| TITLE          | DB                      | <input type="checkbox"/> Delete |
| NAME           | TAYLOR, RICHARD         |                                 |
| STREET ADDRESS | 879 NW 111 TERR.        |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS, FL 33065 |                                 |
| TITLE          | ED                      | <input type="checkbox"/> Delete |
| NAME           | NEWSTREET, RICHARD      |                                 |
| STREET ADDRESS | 3877 NW 82ND WAY        |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS, FL 33065 |                                 |
| TITLE          | R                       | <input type="checkbox"/> Delete |
| NAME           | RIPPLE, WILLIAM         |                                 |
| STREET ADDRESS | 2500 NW 115 DR.         |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS, FL       |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | SCHEIDER, NORM          |                                 |
| STREET ADDRESS | 10934 NW 49D            |                                 |
| CITY-STATE-ZIP | CORAL SPRINGS, FL 33073 |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 4370 NW 101 DRIVE       |                                                                              |
| STREET ADDRESS | CORAL SPRINGS, FL 33065 |                                                                              |
| CITY-STATE-ZIP |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-STATE-ZIP |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-STATE-ZIP |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-STATE-ZIP |                         |                                                                              |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bill Purcell*

2/2/5

954-857-3344

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone