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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003280 (3)**

1. Corporation Name

TAMPA SOCCER ACADEMY, INCORPORATED

Principal Place of Business

Mailing Address

**8007 SOMMERSET LANE
TAMPA FL 33615
US**

**P.O. BOX 10845
TAMPA FL 33679
US**

3. Date Incorporated or Qualified

07/04/1995

4. FEI Number

59-3387915

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4949 Marbrisa Dr

26 4949 Marbrisa Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1007

27 #1007

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33624-6360

25 USA

29 33624-6360

30 USA

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, LENI WEAVER
8007 SOMMERSET LANE
TAMPA FL 33615**

81 Name

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

4949 Marbrisa Dr

83 #1007

84 City **Tampa**

FL

85 Zip Code **33624**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **PD** ☐ DELETE

NAME **FERNANDEZ, LUCIANO**
STREET ADDRESS **8007 SOMMERSET LANE**
CITY-ST-ZIP **TAMPA FL 33615**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VSTD** ☐ DELETE

NAME **FERNANDEZ, LENI WEAVER**
STREET ADDRESS **8007 SOMMERSET LANE**
CITY-ST-ZIP **TAMPA FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☒ DELETE

NAME **RIOS, JORGE E**
STREET ADDRESS **4412 N. LOIS AVENUE**
CITY-ST-ZIP **TAMPA FL 33615**

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

**D
Oscar R. Fernandez
8920 NW 8th St. #402
Miami, FL 33172**

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: *Leni W. Fernandez* **Leni W. Fernandez 4/25/98 (813) 908-0449**

CR2E037 (10/97)