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04-05-1999 90016 043 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000003280

1. Corporation Name

TAMPA SOCCER ACADEMY, INCORPORATED

Principal Place of Business

4949 MARBRISA DRIVE
STE #1007
TAMPA FL 33624-360
US

Mailing Address

4949 MARBRISA DRIVE
STE #1007
TAMPA FL 33624-360
US



2. Principal Place of Business

21 455 ALT. 19 S.

2a. Mailing Address

26 455 ALT. 19 S.

3. Date Incorporated or Qualified

07/04/1995

Suite, Apt. #, etc.

22 #B 22

Suite, Apt. #, etc.

27 #B 22

4. FEI Number

59-3387915

Applied For

Not Applicable

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 34683-5926 25 USA

Zip Country

29 34683-5926 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FERNANDEZ, LENI WEAVER
4949 MARBRISA DRIVE #1007
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name Fernandez, Leni Weaver
82 Street Address (P.O. Box Number is Not Acceptable)
455 ALT. 19 S. #B22
83
84 City Palm Harbor FL 85 Zip Code 34683

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

Leni Weaver Fernandez
(Signature, typed or printed name of registered agent and title if applicable.)

Leni Weaver Fernandez
(NOTE: Registered Agent signature required when reinstating)

3/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, LUCIANO	
STREET ADDRESS	8007 SOMMERSET LANE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, LENI WEAVER	
STREET ADDRESS	8007 SOMMERSET LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, OSCAR R	
STREET ADDRESS	8920 NW 8TH STREET #402	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fernandez, Luciano	(address)
1.3 STREET ADDRESS	455 ALT 19 S. B22	
1.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fernandez, Leni Weaver	
2.3 STREET ADDRESS	455 ALT 19 S. B22	
2.4 CITY-ST-ZIP	Palm Harbor, FL 34683	
3.1 TITLE	Oscar R. Fernandez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Leni Weaver Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/29/99

Daytime Phone #

727 784-5666

0072121

CR2E037-(11/98)