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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000001137 (6)**

1. Corporation Name

FOOTBALL CLUB OF PORT ORANGE, INC.

Principal Place of Business	Mailing Address
%BRIAN SHORE 467 APPLE COURT PORT ORANGE FL 32127	%BRIAN SHORE 467 APPLE COURT PORT ORANGE FL 32127-6705

3. Date Incorporated or Qualified: 02/28/1996
3a. Date of Last Report:

2. Principal Place of Business
21 % Neal Doolittle
Suite, Apt. #, etc.
22 Soccer Star-1331 Beville Rd
City & State
23 Daytona Beach, FL
Zip 24 32119 Country 25 USA

2a. Mailing Address
26 % Neal Doolittle
Suite, Apt. #, etc.
27 Soccer Star - 1331 Beville Rd.
City & State
28 Daytona Beach, FL
Zip 29 32119 Country 30 USA

4. FEI Number: ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PROSPECT, RICHARD
101 CORSAIR DRIVE
SUITE 200
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE P/D 1.2 NAME President, D 1.3 STREET ADDRESS Henry O. Pate 1.4 CITY-ST-ZIP 1413 Chamale Lane Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE V/D 2.2 NAME Vice-President, D 2.3 STREET ADDRESS Allen Stephens 2.4 CITY-ST-ZIP 3775 Long Grove Lane Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE T/D 3.2 NAME Treasurer, D 3.3 STREET ADDRESS Nicole Hirst 3.4 CITY-ST-ZIP 4621 Secret River Trail Port Orange, FL 32119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE S/D 4.2 NAME Secretary, D 4.3 STREET ADDRESS Kathy Holt 4.4 CITY-ST-ZIP 265 Country Circle Dr. West Daytona Beach, FL 32124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: Henry O. Pate, Henry O. Pate (President) 3/30/97 (904) 767-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
0002645