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**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90200 033 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # **N96000001137**

1. Corporation Name

FOOTBALL CLUB OF PORT ORANGE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O HENRY PATE<br>1413 CHAMALE LN.<br>PORT ORANGE FL 32119<br>US | C/O HENRY PATE<br>1413 CHAMALE LN.<br>PORT ORANGE FL 32119<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualifed<br>02/28/1996 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3499849 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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 | PD | ☒ DELETE | 1.1 TITLE | PD George Lovett | ☐ Change ☒ Addition |
| NAME | PATE, HENRY O | | 1.2 NAME | | |
| STREET ADDRESS | 1413 CHAMLE LANE | | 1.3 STREET ADDRESS | 6956 Turtlemound | |
| CITY-ST-ZIP | PORT ORANGE FL | | 1.4 CITY-ST-ZIP | New Smyrna Beach 32169 | |
| TITLE | VPD | ☒ DELETE | 2.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | STEPHAN'S, ALLEN | | 2.2 NAME | RICK HATTIER | |
| STREET ADDRESS | 3775 LONG GROVE LANE | | 2.3 STREET ADDRESS | 549 TIMOLERLANE DR | |
| CITY-ST-ZIP | PORT ORANGE FL | | 2.4 CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | HIRST, NICOLE | | 3.2 NAME | MARK KLEBE | |
| STREET ADDRESS | 4621 SECRETT RIVER TRAIL | | 3.3 STREET ADDRESS | 928 WHIPPOORWILL DR | |
| CITY-ST-ZIP | PORT ORANGE FL | | 3.4 CITY-ST-ZIP | PT ORANGE, FL 32127 | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | HOLT, KATHY | | 4.2 NAME | Lee Hartmann | |
| STREET ADDRESS | 265 COUNTRY CIR. DR. WEST | | 4.3 STREET ADDRESS | 1383 Dexter Dr E | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | 4.4 CITY-ST-ZIP | Pt. Orange, FL 32119 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED Mark W. Klebe 4/30/99 904/677-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #