

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90007 007 *****8.75
05-14-1999 90007 008 *****61.25

DOCUMENT # N96000002980

1. Corporation Name

WINTER SPRINGS SOCCER CLUB, INC.

Principal Place of Business

295 LESLIE LANE
LAKE MARY FL 32746
US

Mailing Address

295 LESLIE LANE
LAKE MARY FL 32746
US



2. Principal Place of Business

21 687 N. ENDEAVOR DR.

Suite, Apt. #, etc.

22 City & State
23 WINTER SPRINGS FL

24 Zip 32708 25 Country US

2a. Mailing Address

26 P.O. Box 196178

Suite, Apt. #, etc.

27 City & State
28 WINTER SPRINGS FL

29 Zip 32719 30 Country US

3. Date Incorporated or Qualified

06/03/1996

4. FEI Number

59-3382788

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

9. Name and Address of Current Registered Agent

GERMAN, TIM
295 LESLIE LANE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name

JOHN SESTITO

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

83 687 N. ENDEAVOR DR.

84 City

WINTER SPRINGS

FL

85 Zip Code

32708

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 reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME GERMAN, TIMOTHY D.F.
STREET ADDRESS 295 LESLIE LANE
CITY-ST-ZIP LAKE MARY FL

DELETE

TITLE VD
NAME SESTITO, JOHN
STREET ADDRESS 687 ENDEAVOR DR.
CITY-ST-ZIP WINTER SPRINGS FL 32708

DELETE

TITLE SD
NAME VAN ALLEN, COLLEEN
STREET ADDRESS 1150 O'DAY DRIVE
CITY-ST-ZIP WINTER SPRINGS FL

DELETE

TITLE D
NAME WHITNEY, BETTY
STREET ADDRESS 348 SPARROW WOOD CT.
CITY-ST-ZIP LAKE MARY FL 32746

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

T/D
WATKINS, NANCY
635 COVENTRY CT
LONGWOOD FL 32750

S/D
SEHOLM, LEISA
1153 O'DAY
WINTER SPRINGS FL 32708

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99

CR2E037 (11/98)