

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90007 032 ****61.25

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1. Corporation Name

PALM BEACH INTERNATIONAL SOCCER CLUB, INC.

Principal Place of Business

1365 CHURCHILL RD
WEST PALM BEACH FL 33406

Mailing Address

1365 CHURCHILL RD
WEST PALM BEACH FL 33406



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

65-0726079

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

SHAVERDI, SHERRY J
1365 CHURCHILL RD
WEST PALM BEACH FL 33406

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME BLASH, TIM
STREET ADDRESS 155 JOG RD
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ DELETE
NAME SHAVERDI, SHERRY J
STREET ADDRESS 1365 CHURCHILL RD
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE D ☐ DELETE
NAME RONGIONE, WILLIAM
STREET ADDRESS 12615 WHITECORAL DR
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE
NAME PEACOCK, ART
STREET ADDRESS 3901 CYPRESS LAKE DR
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE D ☐ DELETE
NAME WALKER, JOHN
STREET ADDRESS 2681 STARWOOD COURT
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE D ☐ DELETE
NAME HEATH, DEVON
STREET ADDRESS 5638 BANANA RD
CITY-ST-ZIP WEST PALM BEACH FL 33413

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME SAEID SHAVERDI
1.3 STREET ADDRESS 1365 CHURCHILL ROAD
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 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

SHERRY J. SHAVERDI
DIRECTOR

Date

2/12/99 561-681-6500

Daytime Phone #

CR2E037 (11/98)