## **FILE NOW: FILING FEE IS \$61.25**

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.

## FILED Feb 09 1998 8:00am **NPROFIT** FLORIDA DEPARTMENT OF STATE **IPORATION** C Sandra B. Mortham JAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 N97000002559 (9) MENT # WINTER PARK SOCCER CLUB, INCORPORATED Principal Place of Business Mailing Address 2106 SHIREWOOD COURT C/O R. MICHAEL BARRETT 3. Date Incorporated or Qualified WINTER PARK FL 32782 1511 NATURE COURT 05/05/1997 WINTER SPRINGS FL 32708 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? Yes No. Country 8. This corporation owes or has paid the current year intangible Yes 29 Personal Property Tax due June 30. 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARRETT, R. MICHAEL # 82 Street Address (P.O. Box Number is Not Acceptable) **1511 NATURE COURT** 83 WINTER SPRINGS FL 32708 84 City 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 algorature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change Addition TITLE HoweER MICHAEL NAME 1.2 NAME 2380 PEMBERTON ST 1.3 STREET ADDRESS STREET ADORESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE MICHAEL BARREA NAME 2.2 NAME 1511 NATURE CT 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 768 ROBALIE WAY NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS fc 32708 CITY-ST-7P 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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

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