

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002742

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** TAMPA KNIGHTS FUTBOL CLUB, INC.

**Current Principal Place of Business:**

4716 W MONTGOMERY AVE.  
TAMPA, FL 33616 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 18736  
TAMPA, FL 33679 US

**New Mailing Address:**

**FEI Number:** 59-3468964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAVIELLE, ELLEN  
3116 W. SAN JUAN ST.  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: LAVIELLE, ROB  
Address: 3116 W. SAN JUAN ST.  
City-St-Zip: TAMPA, FL 33629 US

Title: P  
Name: LAXER, DAVID  
Address: 830 S. ROME AVE.  
City-St-Zip: TAMPA, FL 33606 US

Title: D  
Name: MATTHEWS, DEREK  
Address: 4702 WATER LARK WAY  
City-St-Zip: VALRICO, FL 33596 US

Title: D  
Name: ABDONEY, MICHAEL  
Address: 2518 W. SUNSET DR.  
City-St-Zip: TAMPA, FL 33629 US

Title: S  
Name: MENENDEZ, DEBORAH  
Address: 2915 BAYSHORE VISTA DRIVE  
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROB LAVIELLE

VP

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date