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Secretary of State

06-28-1999 90004 010 ****61.25

ANNUAL REPORT
1999



DIVISION

DOCUMENT - 2

DOCUMENT # N97000005395

1. Corporation Name

SOUTHWEST FLORIDA SELECT SOCCER, INC.



Principal Place of Business

1348 JAMBALANA LANE
FORT MYERS FL 33901

Mailing Address

1348 JAMBALANA LANE
FORT MYERS FL 33901

2. Principal Place of Business

21 6962 Kimberly Terr

Suite, Apt. #, etc.

City & State

23 Ft Myers FL

24 33919 25 USA

2a. Mailing Address

26 6962 Kimberly Terr

Suite, Apt. #, etc.

City & State

27 Fort Myers, FL

28 33919 29 USA

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0744110

Applied For

Not Applied

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

FINCH, NANCY L
1348 JAMBALANA LANE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Debbie Baum
82 Street Address (P.O. Box Number is Not Acceptable) 6962 Kimberly Terr.
83
84 City Ft. Myers FL 85 Zip Code 33919

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

Nancy L Finch
Signature typed or printed name of registered agent and title if applicable

Debbie Baum
(NOTE: Registered Agent signature required when registering)

DATE

6-22-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FINCH, NANCY L	
STREET ADDRESS	1348 JAMBALANA LANE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CALCATERRA, MICHAEL R	
STREET ADDRESS	4706 SE 9TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMER, MARC	
STREET ADDRESS	4718 FOREST GLEN DRIVE	
CITY-ST-ZIP	N FT MYERS FL 33904	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, BEVERLY	
STREET ADDRESS	18585 MIAMI BLVD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GODWIN, MICHAEL E	
STREET ADDRESS	623 SE 32ND ST	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
1.2 NAME	Baum, Debbie	
1.3 STREET ADDRESS	6962 Kimberly Terrace	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33919	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
2.2 NAME	Trisha Aulls	
2.3 STREET ADDRESS	1212 SW 53rd Terr.	
2.4 CITY-ST-ZIP	Cape Coral FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	V. Pres. D Nancy Finch	
3.3 STREET ADDRESS	1348 Jambalana Ln.	
3.4 CITY-ST-ZIP	Ft Myers, FL 33901	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add
4.2 NAME	V. Pres D Jayne Beatty	
4.3 STREET ADDRESS	5596 Amorosa Dr	
4.4 CITY-ST-ZIP	Ft Myers, FL 33919	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Debbie Baum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-99 401 433-3734
Date Daytime Phone #

Debbie Baum