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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000006771

1. Corporation Name

SANTOS SOCCER CLUB, INC.

Principal Place of Business  
323 SOUTH PRESSVIEW AVENUE  
LONGWOOD FL 32750

Mailing Address  
323 SOUTH PRESSVIEW AVENUE  
LONGWOOD FL 32750



468248 - 90098 - 11



2. Principal Place of Business

21 739 Bear Creek Cr.

2a. Mailing Address

26 P.O. Box 621566

3. Date Incorporated or Qualified

12/05/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3480671

Applied For

Not Applicable

City & State

23 Winter Spring, FL

City & State

28 OVIEDO, FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

24 32708

Country

25 USA

Zip

29 32762-1566

Country

30 USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME TUDHOPE, WALLACE W

STREET ADDRESS 323 SOUTH PRESSVIEW AVENUE

CITY-ST-ZIP LONGWOOD FL 32750

TITLE STD ☒ DELETE

NAME ALVARADO, MARIO

STREET ADDRESS 323 SOUTH PRESSVIEW AVENUE

CITY-ST-ZIP LONGWOOD FL 32750

TITLE VD ☒ DELETE

NAME CELI, MANUEL E

STREET ADDRESS 323 SOUTH PRESSVIEW AVENUE

CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

GEOFF LUKER

420 Bentley Street

Oviedo, FL 32765

V/D

Joe Avallone

3084 CORAL Vine Lane

Winter Park, FL 32792

T/D

William Christie

1045 Abbotstford Ct.

Oviedo, FL 32765

S/D

Greg Brick

1114 Lynx Trail

Winter Springs, FL 32708

M/D

Jeanne Weeks

739 Bear Creek Cr.

Winter Springs, FL 32708

D

Michael McAvoy

2423 Brookshire Ave

Winter Park, FL 32792

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: C. Jeanne Weeks 4/27/99 407-365-2319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)