


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90079 035 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001615

1. Corporation Name

ST. CLOUD SOCCER CLUB, INC.

Principal Place of Business

1650 SUNDANCE DRIVE
ST. CLOUD FL 34771

Mailing Address

1650 SUNDANCE DRIVE
ST. CLOUD FL 34771

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		51-3514436	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

EVERETT, TERESA
1650 SUNDANCE DRIVE
ST. CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President - D
STREET ADDRESS		1.3 STREET ADDRESS	Richard K. STACY
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1235 BETH LANE ST. CLOUD, FL 34772
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Vice President - D
STREET ADDRESS		2.3 STREET ADDRESS	TERESA EVERETT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1650 SUNDANCE DRIVE ST. CLOUD, FL 34771
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Treasurer - D
STREET ADDRESS		3.3 STREET ADDRESS	JEANNIE L. MARTIN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	2620 ELLEN AVE KISSIMMEE FL 34744
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary - D
STREET ADDRESS		4.3 STREET ADDRESS	KATHLEEN A. STACY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1235 BETH LN ST. CLOUD, FL 34772
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (407) 933-7415

CR2E037 (1/98)