

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90093 008 \*\*\*\*61.25

**DOCUMENT # N99000004491**

1. Entity Name  
**PORT ST. JOHN SOCCER CLUB, INC.**

Principal Place of Business      Mailing Address  
**7439 GLENWOOD RD**                      **7439 GLENWOOD RD**  
**PORT ST JOHN FL 32927**              **PORT ST JOHN FL 32927-3024**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      **PO Box 10022**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                      City & State  
**Cocoa, Port St John, FL.**

Zip      Country      Zip      Country  
**32927**      **USA.**

4. FEI Number      Applied For  
**59-3590389**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ROLLINS, JANN**  
**7439 GLENWOOD RD**  
**PORT ST JOHN FL 32927**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROLLINS, JANN</b> <b>7439 GLENWOOD RD</b> <b>PORT ST JOHN FL 32927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARVEY, SHARON</b> <b>7040 CAIRO RD</b> <b>PORT ST JOHN FL 32927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARDNER, SHELLY</b> <b>6190 CORSICA RD</b> <b>PORT ST JOHN FL 32927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALLE, BONNIE</b> <b>7100 ACKERMAN AVE</b> <b>PORT ST JOHN FL 32927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARRISON, ROBERT</b> <b>3905 KINGS HWY</b> <b>PORT ST JOHN FL 32927</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANZ, BOB</b> <b>4748 W LITTLE CT</b> <b>COCOA FL 32926</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jann Rollins      Date: 1/5/2000      Daytime Phone #: 407-637-3348  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE037 (9/99)