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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V46924**

(9)

1. Corporation Name

FIVE POINTS SOCCER CLUB, INC.

Principal Place of Business

**1719 SE 418
LONGWOOD FL 32750
US**

Mailing Address

**1719 SR 418
LONGWOOD FL 32750-3781
US**

3. Date Incorporated or Qualified

06/25/1992

3a. Date of Last Report

02/22/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

29

30

4. FEI Number

59-3131037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COSTOLO, W. TERRY
215 N EOLA DR
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE **DP** ☐ DELETE
NAME **DANIEL, PAUL A.**
STREET ADDRESS **710 IRONWOOD CT**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE **VP** ☐ DELETE
NAME **RADEMAKERS, EVERT W.**
STREET ADDRESS **105 WATER OAK DR.**
CITY-ST-ZIP **SANFORD FL**

TITLE **ST** ☐ DELETE
NAME **DANIEL, ANGELA**
STREET ADDRESS **710 IRONWOOD CT.**
CITY-ST-ZIP **WINTER SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **PAUL A. DANIEL**
1.3 STREET ADDRESS **1160 DELANEY AVE**
1.4 CITY-ST-ZIP **ORLANDO, FL 32806**

2.1 TITLE **V.P.** ☒ Change ☐ Addition
2.2 NAME **EVERT RADEMAKERS**
2.3 STREET ADDRESS **1187 NEWTON CT**
2.4 CITY-ST-ZIP **WINTER SPRINGS 32708**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address

SIGNATURE:

Paul A. Daniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97
Date

407-323-5404
Daytime Phone #

CR2E034 (9/96)