



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005956						FILED 04 JUL 15 AM 8:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name HOMESTEAD SOCCER CLUB, INC.							
Principal Place of Business 16820 SW 278TH ST HOMESTEAD, FL 33031			Mailing Address 16820 SW 278TH ST HOMESTEAD, FL 33031			 01062004 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number APPLIED FOR TA 719184				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGRAIT, THOMAS 16820 SW 278TH ST HOMESTEAD, FL 33031				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AGRAIT, THOMAS			NAME			
STREET ADDRESS	16820 SW 278TH ST			STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33031			CITY-ST-ZIP			
TITLE	AD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAUL SCOTT			NAME			
STREET ADDRESS	3741 FLAGLER AVE			STREET ADDRESS			
CITY-ST-ZIP	KEY WEST, FL 33040			CITY-ST-ZIP			
TITLE	AD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIERNEY, BARRY			NAME			
STREET ADDRESS	14 MARLIN AVE			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO, FL 33037			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: _____				7/9/04 (205) 944-9101			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			