

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744273 (4)

1. Corporation Name

GOLD COAST SOCCER LEAGUE, INC.



Principal Place of Business

C/O PATRICIA BORRELLO, TREAS.
5200 S.W. 9 STREET
PLANTATION FL 33317

Mailing Address

C/O PATRICIA BORRELLO, TREAS.
5200 S.W. 9 STREET
PLANTATION FL 33317

3. Date Incorporated or Qualified
09/14/1978

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number

59-1900310

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

**BORRELLO, ROGER F. ESQ.
300 N W 70 AVE
SUITE 301
PLANTATION FL 33317**

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 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

TITLE PD
NAME PEREYRA, JUAN
STREET ADDRESS 7152 PEMBROKE ROAD
CITY-ST-ZIP MIRAMAR FL ☐ DELETE

TITLE CD
NAME LEWIS, RUDY
STREET ADDRESS 1000 PARKVIEW DR. #316
CITY-ST-ZIP HALLANDALE FL ☐ DELETE

TITLE SD
NAME MEEROFF, SUSAN
STREET ADDRESS 10788 NW 19 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE TD
NAME BORRELLO, PATRICIA
STREET ADDRESS 5200 SW 9 ST.
CITY-ST-ZIP PLANTATION FL ☐ DELETE

TITLE VD
NAME DAVIS, KEITH
STREET ADDRESS 4460 N.W. 7 ST.
CITY-ST-ZIP PLANTATION FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Patricia Borrello* **PATRICIA BORRELLO** 1/29/96 305-584-6370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)