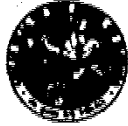


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **770322** (6)  
1. Corporation Name  
**GAINESVILLE RECREATIONAL SOCCER, INCORPORATED**

95 APR -5 PM 2:57

Principal Place of Business Mailing Address  
**16 S. MAIN STREET GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/21/1983</b>	3a. Date of Last Report <b>04/26/1994</b>
4. FEI Number <b>59-2601322</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**HOFFMAN, BRUCE  
16 MAIN STREET  
GAINESVILLE FL 32601**

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <del>VP</del>	NAME <del>ERAN, SEAN</del>	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>411 NE BLVD, #7</b>	CITY - ST - ZIP <b>GAINESVILLE FL</b>	1.2 NAME <b>John Regan</b>	
TITLE <del>D</del>	NAME <del>POAGE, BOB</del>	1.3 STREET ADDRESS <b>916 NE 20th Ave.</b>	
STREET ADDRESS <b>534 NW 30 AV</b>	CITY - ST - ZIP <b>GAINESVILLE FL</b>	1.4 CITY - ST - ZIP <b>Gainesville, Fl. 32609</b>	
TITLE <del>PO</del>	NAME <del>POX, PAUL</del>	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1028 NW 24 AVE</b>	CITY - ST - ZIP <b>GAINESVILLE FL</b>	2.2 NAME <b>Kathy Olmos</b>	
TITLE <del>PO</del>	NAME <del>HARGCASTLE, JOHN</del>	2.3 STREET ADDRESS <b>117 N.W. 36th Terr.</b>	
STREET ADDRESS <b>4408 GW 20 AVE, #22</b>	CITY - ST - ZIP <b>GAINESVILLE FL</b>	2.4 CITY - ST - ZIP <b>Gainesville, Fl. 32607</b>	
TITLE	NAME	3.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME <b>Paul Garcia</b>	
TITLE	NAME	3.3 STREET ADDRESS <b>2150 N.W. 8th Ave.</b>	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP <b>Gainesville, Fl. 32603</b>	
TITLE	NAME	4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME <b>Paul Bryan</b>	
TITLE	NAME	4.3 STREET ADDRESS <b>4204 N.W. 78th Terr.</b>	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP <b>Gainesville, Fl. 32606</b>	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	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)(b), 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.

SIGNATURE: *John Regan* **John Regan, President** 4/3/95 (904) 334-3400  
Ext. 1637