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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770322 (6)
1. Corporation Name
GAINESVILLE RECREATIONAL SOCCER, INCORPORATED



Principal Place of Business 16 S. MAIN STREET GAINESVILLE FL 32601	Mailing Address 16 S. MAIN STREET GAINESVILLE FL 32601-6215
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21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25 Country	30 Zip

3. Date Incorporated or Qualified 09/21/1983	3a. Date of Last Report 07/17/1996
4. FEI Number 59-2601322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOFFMAN, BRUCE
16 MAIN STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REGAN, JOHN	
STREET ADDRESS	916 NE 20TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALBUSAIRI, LATIF	
STREET ADDRESS	713 SW 75TH ST APT 201	
CITY-ST-ZIP	GAINSEVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLMOS, KATHY	
STREET ADDRESS	117 NW 38TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRYAN, PAUL	
STREET ADDRESS	4204 NW 78TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAUTISTA-HARDMAN, ARTHUR H.	
1.3 STREET ADDRESS	3104 SW 12AVE	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KOSTEWICZ, STEPHEN H.	
2.3 STREET ADDRESS	2507 NW 64TH TER	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAYLOR, MORLAND	
3.3 STREET ADDRESS	5135 NW 24TH DR	
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOWARD, JENNIFER M.	
4.3 STREET ADDRESS	10108 HUNT CLUB LN	
4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREY, SHANNON M.	
5.3 STREET ADDRESS	3865 SHADY RUN RD	
5.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 2/7/97 (751)378-0860

CR2E037 (9/96)