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 # **N45129** **(6)**

1. Corporation Name

BEACHES ADULT SOCCER LEAGUE, INC.

Principal Place of Business	Mailing Address
1852 SEA OATS DRIVE ATLANTIC BCH FL 32233 US	~~1852 SEA OATS DR~~ ~~ATLANTIC BCH FL 32233~~ ~~US~~

3. Date Incorporated or Qualified: 09/13/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 599 ATLANTIC BLVD
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: SUITE NO 1
City & State — 23:
City & State — 28: ATLANTIC BEACH, FL
Zip — 24:
Country — 25:
Zip — 29: 32233
Country — 30: DUVAL

4. FEI Number: 59-3088643 ☐ 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

HAESELER, ERIC
1852 SEA OATS DRIVE
ATLANTIC BEACH FL 32233

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HAESELER, ERIC L.		12 NAME		
STREET ADDRESS	1852 SEA OATS DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		14 CITY-ST-ZIP		
TITLE	V	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	~~BRADY, JACK~~		22 NAME		
STREET ADDRESS	933 ~~SEASHELL~~ LN		23 STREET ADDRESS		
CITY-ST-ZIP	~~PONTE VEDRA~~ BCH FL 32082		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	SATDOWIAK, PIERRE		32 NAME		
STREET ADDRESS	1649 LANDING LANE		33 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH FL		34 CITY-ST-ZIP		
TITLE	T	☒ DELETE	41 TITLE	TREASURER	☒ Change ☐ Addition
NAME	~~MATACIA~~, JOE		42 NAME	MARK SHERMAN	
STREET ADDRESS	611 ~~PONTE VEDRA~~ LAKES BLVD $4102		43 STREET ADDRESS	1386 S. 8th ST	
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL~~		44 CITY-ST-ZIP	JAX Bch, FL. 32250	
TITLE		☐ DELETE	51 TITLE	1ST. V.P.	☐ Change ☒ Addition
NAME			52 NAME	TONINO DI BELLA	
STREET ADDRESS			53 STREET ADDRESS	1266 S 3RD ST	
CITY-ST-ZIP			54 CITY-ST-ZIP	JAX Bch, FL 32250	
TITLE		☐ DELETE	61 TITLE	MARC HARRELL	☐ Change ☒ Addition
NAME			62 NAME	1806 SEMINOLE Rd 2ND V.P.	
STREET ADDRESS			63 STREET ADDRESS	ATLANTIC Bch, FL. 32233	
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 on an attachment with an address.

SIGNATURE: _____ 01/29/96 904-725-6630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERIC L. HAESELER