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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	1112 THIRD ST SUITE 7 NEPTUNE BEACH FL 32266 US

3. Date Incorporated or Qualified: 09/13/1991

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	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

HAESELER, ERIC
1852 SEA OATS DRIVE
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: DAVID K. HATTEN
82 Street Address (P.O. Box Number is Not Acceptable): 1112 THIRD ST. SUITE 7
83
84 City: NEPTUNE BEACH FL 85 Zip Code: 32266

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: David K. Hatten CPA — 4/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAESELER, ERIC L.		1.2 NAME		
STREET ADDRESS	1852 SEA OATS DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SHERMAN, MARK		2.2 NAME		
STREET ADDRESS	1386 S 8TH ST		2.3 STREET ADDRESS	893 TRADEWINDS DRIVE	
CITY-ST-ZIP	JAX BCH FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32250	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SATDOWIAK, PIERRE		3.2 NAME		
STREET ADDRESS	1649 LANDING LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BCH FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DI BELLA, TONINO		4.2 NAME		
STREET ADDRESS	1266 S 3RD ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	JAX BCH FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARRELL, MARC		5.2 NAME		
STREET ADDRESS	1806 SEMINOLE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	BRAUN, KENNETH C.		6.2 NAME		
STREET ADDRESS	804 13TH AVENUE NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: ✓ — 4/26/98 — 904-249-7435