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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45129

1. Corporation Name
BEACHES ADULT SOCCER LEAGUE, INC.

578977 - 90003 - 36

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/13/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3088643 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HATTERN, D K
1112 THIRD ST
STE 7
NEPTUNE BCH FL 32266

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	T	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHERMAN, MARK		1.2 NAME	
STREET ADDRESS	493 TRADEWINDS DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32250		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SATDOWIAK, PIERRE		2.2 NAME	
STREET ADDRESS	1649 LANDING LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BCH FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DI BELLA, TONINO		3.2 NAME	
STREET ADDRESS	1266 S 3RD ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BCH FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRELL, MARC		4.2 NAME	
STREET ADDRESS	1806 SEMINOLE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRAUN, K C		5.2 NAME	
STREET ADDRESS	804 13TH AVE N		5.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BCH FL 32250		5.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	RENO, MIKE		6.2 NAME	
STREET ADDRESS	607 16TH AVENUE SOUTH		6.3 STREET ADDRESS	
CITY-ST-ZIP	JAX BEACH, FL 32250		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Dan Stockwell SIGNATURE REQUIRED D. K. HATTERN 4/29/99 904-249-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael A Reno 6/21/99 904-272-1742