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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Candice B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46995 (9)
 1. Corporation Name
GREATER MELBOURNE SOCCER ASSOCIATION, INC.

Principal Place of Business 420 BRIDGETOWN CT SATELLITE BEACH FL 32937 US	Mailing Address 420 BRIDGETOWN CT SATELLITE BEACH FL 32937 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	City 25
City 29	Zip 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1992	3a. Date of Last Report 02/02/1994
4. FEI Number 59-3103275	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 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	

9. Name and Address of Current Registered Agent

**MCCLELLAND, CLIFTON A. JR.
700 SOUTH BABCOCK STREET
SUITE 400
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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 agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DV	NAME INGRAM, GARY
STREET ADDRESS 315 DARROW AVE.	CITY, ST, ZIP MELBOURNE FL
TITLE DP	NAME WITT, DONALD
STREET ADDRESS 420 BRIDGETOWN CT.	CITY, ST, ZIP SATELLITE BCH. FL
TITLE DT	NAME MARKHAM, FRED M.
STREET ADDRESS 1276 COVENTRY CIRCLE	CITY, ST, ZIP MELBOURNE FL
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DV	NAME DETWILER, STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS 3000 WOODLAKE DR., NE	13 CITY, ST, ZIP PALM BAY, FL 32905	
21 TITLE DP	NAME SIAS, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 STREET ADDRESS 646 DUNDEE CIRCLE	23 CITY, ST, ZIP MELBOURNE, FL 32904	
31 TITLE DT	NAME FESTOG, SUSAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 STREET ADDRESS 164 AMANDA ST., NE	33 CITY, ST, ZIP PALM BAY, FL 32907	
41 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 STREET ADDRESS	43 CITY, ST, ZIP	
51 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 STREET ADDRESS	53 CITY, ST, ZIP	
61 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 STREET ADDRESS	63 CITY, ST, ZIP	

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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: Susan Festog SUSAN FESTOG/TREASURER 4/28/95 (407) 724-7198