

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

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**



3. Date Incorporated or Qualified
01/22/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1276 Coventry Circle**
Suite, Apt. #, etc.
22
City & State
23 **Melbourne, FL**
Zip
24 **32904** Country
25 **U.S.**

2a. Mailing Address
26 **P.O. Box 2341**
Suite, Apt. #, etc.
27
City & State
28 **Melbourne, FL**
Zip
29 **32904-2341** Country
30 **U.S.**

4. FEI Number
59-3103275

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

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

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DETWILER, STEVE	
STREET ADDRESS	3000 WOODLAKE DR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SIAS, DAVID	
STREET ADDRESS	646 DUNDEE CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	FESTOG, SUSAN	
STREET ADDRESS	164 AMANDA ST NE	
CITY-ST-ZIP	PALM BAY 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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Markham, Fred	
1.3 STREET ADDRESS	1276 COVENTRY CIRCLE	
1.4 CITY-ST-ZIP	Melbourne, FL 32904	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cruzer, Ron	
2.3 STREET ADDRESS	1343 NW Jupiter	
2.4 CITY-ST-ZIP	Palm Bay, FL 32907	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Runkel, Clif	
3.3 STREET ADDRESS	812 Sadnet Circle	
3.4 CITY-ST-ZIP	Palm Bay, FL 32905	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stultes, Stephen	
4.3 STREET ADDRESS	617 Mark Dr.	
4.4 CITY-ST-ZIP	W. Melbourne, FL 32904	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Whelpley, Chris	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Zito, Ralph	
6.3 STREET ADDRESS	2435 Michigan St.	
6.4 CITY-ST-ZIP	Melbourne, FL 32904	

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: Markham Fred M. Markham Date: 407-676-4192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)