FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

(9)

MELBOURNE EAU GALLIE UNITED SOCCER ASSOCIATION.

ING.								
Principal Place of Business Mailing Address							IARI DIBKI BIDIL DIDIL BIDII 100)	
1270 GOVENTRY CIRCLE PO BOX 2341 MELBOURNE FL 32904 MELBOURNE FL 32904-2341 US US			f 1			Date Incorporated or Qualified 01/22/1992 FEI Number	Applied For	
						59-3103275	Not Applicable	
2. Principal Place of Business , 2a. Malling Address						5. Certificate of Status Desired	\$8.75 Additional	
1 1801 N. Wickham Ed. 20							Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					<u></u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State City & State						7. Is this nonprofit corporation a homeowners essociation? Yes No		
Zip	Country U.S.	Zıp	Cou	ntry		8. This corporation owes or has paid the cu		
24 339		29	30			Personal Property Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent		
				81				
MCCLELLAND, CLIFTON A. JR.				82	Street Addre	et Address (P.O. Box Number is Not Acceptable)		
700 SOUTH BABCOCK STREET SUITE 400				83				
MELBOURNE FL 32901								
MLLDOO	THIC I'C OESO!			84	City	FI	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 DATE								
12.	OFFICERS AND	DIRECTORS DELETE	13.		 -	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
TITLE	BE DV		1.1 TII 1.2 NA				CT cistings CT vocition	
NAME	KITCHEN, BRUCE 116 ORCHID BLVD				ADDDECC			
STREET ADDRESS CITY-ST-ZIP				3 STREET ADDRESS 4 CITY-ST-ZIP				
TITLE			2.1 (1)					
NAME	7.11 _ 1			ME				
STREET ADDRESS				REET	ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP			
TITLE	DV	DELETE	3.1 TIT	TLE	D		Change Addition	
NAME	MARKHAM, FRED		3.2 NA			DNY LAURENCE		
STREET ADDRESS	1276 COVENTRY CIRCLE		3.3 ST	REET.	ADDRESS	489 Kingdom Me	3 2935	
CITY-ST-ZIP	MECBOURNE FL 32904	LZ DELETE	3.4. CI		T-ZIP	merBounda, J-L	Change Addition	
TITLE	DT '	Po neces	4.1 Til		2	NOORAH TUTTLE	BED CHRENTE ET MODULON	
NAME	WAVERING, GLORIA 871 RÉMSEN AVENUE NW		4.2 N			91 ATLANTIC ANC	1	
STREET ADDRESS	PALM BAY FL 32907		4.4 Cf			. i	2903	
CTTY-ST-ZIP TITLE	DE DE	DELETE	5.1 TO		704		Change Addition	
NAME	LONG, JIM		5.2 NA	ME	, –	noNK DURBON		
STREET ADDRESS	1651 RUSTIC WAY				ADDRESS /	443 Alberain ST.		
CITY-ST-ZIP	MELBOURNE FL 32935		5.4 CF	TY-\$1	T-ZIP F	Palm Bay FL 3	2907	
TITLE	D	DELETE	6.1 TI	TLE		,,	☐ Change ☐ Addition	
NAME	CRUGER; RON		6.2 N	ME				
STREET ADDRESS	1343/NW JUPITER BLVD		6.3 ST	REET	ADDRESS			

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.

FILED

May 01 1998 8:00am

Secretary of State