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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N46995

1. Corporation Name

MELBOURNE EAU GALLIE UNITED SOCCER ASSOCIATION,
INC.

Principal Place of Business

1801 N WICKHAM RD
MELBOURNE FL 32935
US

Mailing Address

PO BOX 2341
MELBOURNE FL 32904-2341
US



4 9 5 0 9 2 - 9 0 1 8 7 - 5

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/22/1992

4. FEI Number

59-3103275

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

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 DELETE

NAME KITCHEN, BRUCE
STREET ADDRESS 116 ORCHID BLVD
CITY-ST-ZIP MELBOURNE FL 32901

TITLE DP DELETE

NAME HAYES, TOM
STREET ADDRESS 2574 KINGSMILL AVENUE
CITY-ST-ZIP MELBOURNE FL 32934

TITLE DS DELETE

NAME LAURENDI, RONY
STREET ADDRESS 2489 KINGDOM AVE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE DT DELETE

NAME TUTTLE, DEBORAH
STREET ADDRESS 191 ATLANTIC AVE -
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE D DELETE

NAME DURBIN, FRANK
STREET ADDRESS 1443 ALBERNI ST NW
CITY-ST-ZIP PALM BAY FL 32907

TITLE D DELETE

NAME CRUGER, RON
STREET ADDRESS 1343 NW JUPITER BLVD
CITY-ST-ZIP PALM BAY FL 32907

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV SPIELMAN, DON Change Addition

1.2 NAME 4651 W. EAU GALLIE BLVD, LOT 13
1.3 STREET ADDRESS MELBOURNE, FL 32934-2219
1.4 CITY-ST-ZIP

2.1 TITLE DV Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME LAURENDI, TONY
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DT Change Addition

4.2 NAME JERRI GARVER
4.3 STREET ADDRESS 649 MANOR PLACE
4.4 CITY-ST-ZIP WEST MELBOURNE, FL 32904

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DP Change Addition

6.2 NAME GARY McGUIRE
6.3 STREET ADDRESS 2533 VILLAGE PARK DRIVE
6.4 CITY-ST-ZIP MELBOURNE, FL 32934

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99 407-229-2620

Date

Daytime Phone #

CR2E037 (1/198)