

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 OCT 16 AM 7:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N48546 (8)
 1. Corporation Name
MELBOURNE BEACH SOCCER CLUB, INC.



Principal Place of Business P.O. BOX 511012 MELBOURNE BEACH FL 32951	Mailing Address P.O. BOX 511012 MELBOURNE BEACH FL 32951
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 02/16/1996
4. FEI Number 59-2433084	Applied For 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
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. <i>SAME</i> 27 City & State 28 Zip
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9. Name and Address of Current Registered Agent
ADDIS, SCOTT
145 CORTEZ ST.
MELBOURNE BEACH FL 32951

10. Name and Address of New Registered Agent
 81 Name **JAMES L. COLLINS II**
 82 Street Address (P.O. Box Number is Not Acceptable) **416 MAGNOLIA AVE.**
 83 ~~ST~~
 84 City **MELBOURNE BEACH FL** 85 Zip Code **32951**

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]* - TREASURER DATE: **9/8/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOVANTES, LUIS G.	
STREET ADDRESS	213 ASH AVE.	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADDIS, SCOT	
STREET ADDRESS	145 CORTEZ ST.	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELGUINDY, ALICE	
STREET ADDRESS	8005 HWY. A1A	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PD (PRESIDENT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH CLEMENTE	
1.3 STREET ADDRESS	415 MAGNOLIA AVE	
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTOPHER RONEY (VICE PRESIDENT)	
2.3 STREET ADDRESS	509 MAGNOLIA AVE	
2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
3.1 TITLE	TD (TREASURER)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES L. COLLINS II	
3.3 STREET ADDRESS	416 MAGNOLIA AVE	
3.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

900002322019
 -10/16/97-01084-005
 *****61.25 *****61.25

14. I do 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; and that I am 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, changed, or on an attachment with an address.
 SIGNATURE: *[Signature]* JAMES L. COLLINS II SEPTEMBER 8, 1997 (407) 728-4771

CR2E037 (4/97)