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**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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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3. Date Incorporated or Qualified 04/24/1992	
4. FEI Number 59-2433084	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**COLLINS, III, JAMES L
416 MAGNOLIA AVE
MELBOURNE BEACH FL 32951**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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]* **JAMES L. COLLINS II TREASURER** **3/20/98**

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

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CLEMENTINE, JOSEPH
STREET ADDRESS	416 MAGNOLIA AVE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RONEY, CHRISTOPHER
STREET ADDRESS	416 MAGNOLIA AVE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
TITLE	TD <input type="checkbox"/> DELETE
NAME	COLLINS, III, JAMES L
STREET ADDRESS	416 MAGNOLIA AVE
CITY-ST-ZIP	MELBOURNE BEACH FL 32951
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 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRADLEY E. MACK
1.3 STREET ADDRESS	2260 S. RIVER RD
1.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONEY, CHRISTOPHER
2.3 STREET ADDRESS	509 MAGNOLIA AVE
2.4 CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COLLINS II, JAMES L.
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	

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.

SIGNATURE: *[Signature]* **JAMES L. COLLINS II TREASURER** **3/20/98** **(407) 728-4771**

CR2E037 (10/97)