

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 PH 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49455** (1)

1. Corporation Name

UNITED STATES CHRISTIAN SOCCER ACADEMY, INC.

Principal Place of Business Mailing Address
737 BYWOOD DR., N.E. 737 BYWOOD DR., N.E.
PALM BAY FL 32905 PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/19/1992	3a. Date of Last Report 07/14/1994
4. FEI Number 76-0133325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

THOMAS, RUSSELL M.
737 BYWOOD DR., N.E.
PALM BAY FL 32905

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RUSSELL M.	12 NAME	
STREET ADDRESS	737 BYWOOD DR., N.E.	13 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JANE E.	22 NAME	400001520654
STREET ADDRESS	737 BYWOOD DR., N.E.	23 STREET ADDRESS	-06/22/95--01050--021
CITY - ST - ZIP	PALM BAY FL	24 CITY - ST - ZIP	****163.75 ****163.75
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MERRITT F.	32 NAME	
STREET ADDRESS	737 BYWOOD DR., N.E.	33 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LISA M.	42 NAME	
STREET ADDRESS	737 BYWOOD DR., N.E.	43 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOSEPH A.	52 NAME	
STREET ADDRESS	737 BYWOOD DR., N.E.	53 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(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 changed, or on an attachment with an address.

SIGNATURE: *Russell M. Thomas* **Russell M. THOMAS** 25 May 1995
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 407-768-0634