FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:04

DOCUMENT # 730730 (9)

1. Corporation Name
CAPE CORAL SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1439 S.W. 54TH TERR CAPE CORAL FL 33914	1439 S.W. 54TH TERR CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1974
3a. Date of Last Report: 06/16/1994
4. FEI Number: 59-2610047 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

STEINWEG, JOHN G.
1439 S..W 54TH TERR
CAPE CORAL FL 33914

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STEINWEG, JOHN	12 NAME	
STREET ADDRESS	1439 S..W 54TH TERR	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☑ Change ☐ Addition
NAME	CALCATERRA	22 NAME	TD DONALD REAGAN
STREET ADDRESS	1208 SW 50TH ST	23 STREET ADDRESS	909 CAPE CORAL PKWY W #206
CITY-ST-ZIP	CAPE CORAL, FL 00000	24 CITY-ST-ZIP	CAPE CORAL FL 33914
TITLE	VPD	31 TITLE	☑ Change ☐ Addition
NAME	GODWIN, BETH	32 NAME	VPD MUÑOZ, LUIS
STREET ADDRESS	623 S.E. 32ND STREET	33 STREET ADDRESS	1222 NE 14PL
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	CAPE CORAL, FL. 33909
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	FRANCISCO, SALLY	42 NAME	
STREET ADDRESS	428 S.W. 37TH LANE	43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: DONALD REAGAN 4-4-95 813-574-6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069720