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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730730** (9)

1. Corporation Name

CAPE CORAL SOCCER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PELICAN SOCCER COMPLEX
SE 2ND COURT
CAPE CORAL FL 33914
US

P O BOX 732
CAPE CORAL FL 33910-0732
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **4020 SW 2nd Court**
23 City & State

26 Suite, Apt. #, etc.
27 City & State

24 Zip
25 Country

28 Zip
29 Country
30

3. Date Incorporated or Qualified
09/13/1974

3a. Date of Last Report
06/19/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLER, TODD
3617 SE 21ST AVENUE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name **Dawn Andrews**
82 Street Address (P.O. Box Number is Not Acceptable)
1207 S.W. 53rd St
83
84 City **Cape Coral** FL 85 Zip Code **33914**

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 **Dawn Andrews**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/7/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, TODD	
STREET ADDRESS	3617 SE 21ST AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDREWS, DAWN	
STREET ADDRESS	1207 SW 53RD STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GODWIN, MICHAEL	
STREET ADDRESS	623 SE 32ND STREET	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, MICHELLE	
STREET ADDRESS	4021 SE 2ND CT	
CITY-ST-ZIP	CAPE CORAL FL	
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 Andrews, Dawn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1207 SW 53rd Street	
1.3 STREET ADDRESS	Cape Coral, FL 33914	
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD Ashton, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1331 SE 12th Terrace	
2.3 STREET ADDRESS	Cape Coral, FL 33990	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD Godwin, Michael	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	623 SE 32nd Street	
3.3 STREET ADDRESS	Cape Coral FL 33904	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD Brown, Michelle	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4021 SE 2nd Ct	
4.3 STREET ADDRESS	Cape Coral, FL 33914	
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 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 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: **Michael E. Godwin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/97
Date

941-514-2032
Daytime Phone # 0056467

CP2E037 (9/96)