**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

APPROVED AND FILED
95 APR 20 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # 740934** **(5)**

1. Corporation Name
**BEACHES SOCCER ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 50969<br>JACKSONVILLE BCH FL 32240-0969<br>US | PO BOX 50969<br>JACKSONVILLE BCH FL 32240-0969<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1977
3a. Date of Last Report: 04/25/1994
4. FEI Number: NOT APPLICABLE ☐ 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

DUTTERA, WAYNE B.
2026 CHEROKEE DR.
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name: Levine, Mike
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1769 Seminole Rd
84 City: Atlantic Beach FL 85 Zip Code: 32233

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 | VD | 11 TITLE | VD ☒ Change ☐ Addition |
| NAME | BROOKS, MICHAEL | 12 NAME | Shasena, Charles |
| STREET ADDRESS | 1741 LIVE OAK LN | 13 STREET ADDRESS | 3114 Coral Reef Dr. |
| CITY-ST-ZIP | ATLANTIC BCH FL | 14 CITY-ST-ZIP | Jacksonville, FL 32224 |
| TITLE | PD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | LEVINE, MIKE | 22 NAME | |
| STREET ADDRESS | 1769 SEMINOLE ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | 24 CITY-ST-ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | BELL, BILL | 32 NAME | |
| STREET ADDRESS | 2331 SEMINOLE ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ATLANTIC BEACH FL | 34 CITY-ST-ZIP | |
| TITLE | TD | 41 TITLE | TD ☒ Change ☐ Addition |
| NAME | CANNON, DEBBIE | 42 NAME | Cinpak, Chip |
| STREET ADDRESS | 2025 SEMINOLE RD #102 | 43 STREET ADDRESS | 1314 Glikstein Ct. |
| CITY-ST-ZIP | ATLANTIC BEACH FL | 44 CITY-ST-ZIP | Neptune Bch, FL 32266 |
| TITLE | SD | 51 TITLE | RD ☒ Change ☐ Addition |
| NAME | HARBISON, KAREN | 52 NAME | Lindley, Dave |
| STREET ADDRESS | 1152 HAMLET CT | 53 STREET ADDRESS | 109 Black Island Court |
| CITY-ST-ZIP | NEPTUNE BCH FL | 54 CITY-ST-ZIP | Ponte Vedra Beach, FL 32082 |
| TITLE | RD | 61 TITLE | SD ☒ Change ☐ Addition |
| NAME | RUSSELL, RON | 62 NAME | Bertram, Dave |
| STREET ADDRESS | 22 TALLWOOD RD | 63 STREET ADDRESS | 13126 Silktree Lane East |
| CITY-ST-ZIP | JACKSONVILLE BCH FL | 64 CITY-ST-ZIP | Jacksonville, FL 32216 |

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)(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 if changed, or on an attachment with an address.

**SIGNATURE:** Chip Cinpak Chip Cinpak 4/17/95 904-359-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096381