

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **740934** (5)

1. Corporation Name

**FIRST COAST SOCCER ASSOCIATION, INC.**

**FILED**  
**May 21, 1996 08:00 AM**  
**Secretary of State**



Principal Place of Business

Mailing Address

**1301 RIVERPLACE BLVD.  
SUITE 1609  
JACKSONVILLE FL 32207  
US**

**1301 RIVERPLACE BLVD.  
SUITE 1609  
JACKSONVILLE FL 32207  
US**

3. Date Incorporated or Qualified  
**12/02/1977**

3a. Date of Last Report  
**04/20/1995**

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

Zip

Country

24

25

29

30

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEEK, EUGENE G. III  
1301 RIVERPLACE BLVD.  
SUITE 1609  
JACKSONVILLE FL 32207**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHAGENA, CHARLES	
STREET ADDRESS	3114 CORAL REEF DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVINE, MIKE	
STREET ADDRESS	1769 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELL, BILL	
STREET ADDRESS	2331 SEMINOLE ROAD	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CIUPAK, CHIP	
STREET ADDRESS	1314 GLICKSTEIN CT	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINDLEY, DAVE	
STREET ADDRESS	109 BUCK ISLAND COURT	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERTRAM, DAVE	
STREET ADDRESS	13126 SILKTREE LANE EAST	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOTSON, CAT	
1.3 STREET ADDRESS	11 TARPIN ROAD	
1.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEVINE, MIKE	
2.3 STREET ADDRESS	1769 SEMINOLE ROAD	
2.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BELL, BILL	
3.3 STREET ADDRESS	2331 SEMINOLE ROAD	
3.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALSH, MARK	
4.3 STREET ADDRESS	3749 QUINBY ISLAND COURT	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALTERI, AL	
5.3 STREET ADDRESS	1639 OCEAN BOULEVARD	
5.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BERTRAM, DAVE	
6.3 STREET ADDRESS	13126 SILKTREE LANE EAST	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	

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:

*Mark Walsh*

**MARK WALSH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 16, 1996**

Date

**(904) 695-0220**

Daytime Phone #

CR2E037 (12/95)