

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

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

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

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

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 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**Bill Bell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bill Bell, President**

August 5, 1996

(904) 241-7087

Date

Daytime Phone #

0001702

CR2E037 (3/96)

740934

2-2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

The following officers and/or directors are listed to supplement the information provided in the First Coast Soccer Association, Inc. (Document No. 740934) 1996 Nonprofit Corporation Annual Report:

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7.1	Title	V/M - Vice President/Managing Director
7.2	Name	Al Altire
7.3	Street Address	1301 Riverplace Boulevard, Suite 1609
7.4	City-ST-ZIP	Jacksonville, Florida 32207

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8.1	Title	V/M - Vice President/Managing Director
8.2	Name	Cat Corrick
8.3	Street Address	1301 Riverplace Boulevard, Suite 1609
8.4	City-ST-ZIP	Jacksonville, Florida 32207

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9.1	Title	T/M - Treasurer/Managing Director
9.2	Name	Mark Walsh
9.3	Street Address	1301 Riverplace Boulevard, Suite 1609
9.4	City-ST-ZIP	Jacksonville, Florida 32207

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10.1	Title	S/M - Secretary/Managing Director
10.2	Name	Sandy Martin
10.3	Street Address	1301 Riverplace Boulevard, Suite 1609
10.4	City-ST-ZIP	Jacksonville, Florida 32207

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11.1	Title	M - Managing Director
11.2	Name	Brad Duttera
11.3	Street Address	1301 Riverplace Boulevard, Suite 1609
11.4	City-ST-ZIP	Jacksonville, Florida 32207

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12.1	Title	M - Managing Director
12.2	Name	John Pough
12.3	Street Address	1301 Riverplace Boulevard, Suite 1609
12.4	City-ST-ZIP	Jacksonville, Florida 32207

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