
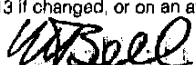


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>740934</b> (5) 1. Corporation Name <b>FIRST COAST SOCCER ASSOCIATION, INC.</b>			
Principal Place of Business <b>1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207 US</b>		Mailing Address <b>1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207-8072 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>12/02/1977</b>		3a. Date of Last Report <b>05/21/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>PEEK, EUGENE G. III 1301 RIVERPLACE BLVD. SUITE 1609 JACKSONVILLE FL 32207</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOTSON, CAT</b>	1.2 NAME	
STREET ADDRESS	<b>11 TARPIN ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVINE, MIKE</b>	2.2 NAME	
STREET ADDRESS	<b>1769 SEMINOLE ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTIC BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, BILL</b>	3.2 NAME	
STREET ADDRESS	<b>2331 SEMINOLE ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTIC BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, MARK</b>	4.2 NAME	
STREET ADDRESS	<b>3749 QUINBY ISLAND COURT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALTERI, AL</b>	5.2 NAME	
STREET ADDRESS	<b>1639 OCEAN BOULEVARD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTIC BEACH FL</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERTRAM, DAVE</b>	6.2 NAME	
STREET ADDRESS	<b>13126 SILKTREE LANE EAST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	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:  <b>W. Bertram</b>		4/28/97 904-399-1609	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #0004818	

CR2E037 (9/96)