


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 24 PM 1:29

DOCUMENT # 740934 1. Entity Name FIRST COAST SOCCER ASSOCIATION, INC.					
Principal Place of Business 2850 HODGES BLVD. JACKSONVILLE, FL 32224 US			Mailing Address 2850 HODGES BLVD. JACKSONVILLE, FL 32224 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2881219	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CAMPOS, CARLOS 14210 WAVERLY FALLS LANE E. JACKSONVILLE, FL 32224				Name BARRY DIXON Street Address (P.O. Box Number is Not Acceptable) 5031 DIXIE LANDING DRIVE City JACKSONVILLE FL Zip Code 32224	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>BARRY DIXON</u> <u>Barry Dixon</u> <u>10-7-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMPOS, CARLOS 14210 WAVERLY FALLS LN. E. JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barry Dixon 5031 Dixie Landing Dr - JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUBIO, MARIO 8995 BENSALAM DR. JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUCK BLANTON 12060 Bayonne St. JACKSONVILLE, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILET, PETER 3017 OAK ST. JACKSONVILLE, FL 32205	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD Lyle Kamm 1955 Brista De Mar Cir. Atlantic Beach, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHIDBY, DWAYNE 1100 SALT CREEK DR PONTE VEDRA, FL 32224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARK BECKENBACH 2210 Oceanwalk Drive JACKSONVILLE, FL 32233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFMAN, SUE 3730 PINCKNEY ISLAND CT. JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete	700060896617 10/24/05--01057--002 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVRITT, WESLEY G 2655 SUPREME CT. JACKSONVILLE, FL 32246	<input checked="" type="checkbox"/> Delete	10-7-05		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Barry Dixon</u> <u>10-7-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					