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Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744273 (4)

1. Corporation Name

GOLD COAST SOCCER LEAGUE, INC.



Principal Place of Business

Mailing Address

C/O PATRICIA BORRELLO. TREAS.  
5200 S.W. 9 STREET  
PLANTATION FL 33317C/O PATRICIA BORRELLO. TREAS.  
5200 S.W. 9 STREET  
PLANTATION FL 33317-47133. Date Incorporated or Qualified  
09/14/19783a. Date of Last Report  
02/01/19964. FEI Number  
59-1900310Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORRELLO, ROGER F. ESQ.  
300 N W 70 AVE  
SUITE 301  
PLANTATION FL 33317

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 PD  
NAME PEREYRA, JUAN  
STREET ADDRESS 7152 PEMBROKE ROAD  
CITY-ST-ZIP MIRAMAR FL ☐ DELETETITLE CD  
NAME LEWIS, RUDY  
STREET ADDRESS 1000 PARKVIEW DR. #316  
CITY-ST-ZIP HALLANDALE FL ☐ DELETETITLE SD  
NAME MEEROFF, SUSAN  
STREET ADDRESS 10788 NW 19 DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETETITLE TD  
NAME BORRELLO, PATRICIA  
STREET ADDRESS 5200 SW 9 ST.  
CITY-ST-ZIP PLANTATION FL ☐ DELETETITLE VD  
NAME DAVIS, KEITH  
STREET ADDRESS 4460 N.W. 7 ST.  
CITY-ST-ZIP PLANTATION FL ☒ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIPVD  
CARUSI, DANIEL  
517 S.W. FIRST AVE.  
FT. LAUDERDALE, FL. 33301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Patricia Borrello, Treas. 1-10-97 954-584-6370  
Date Daytime Phone # 0038633

CR2E037 (9/96)