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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 9:14

DOCUMENT # 751506 (7)

1. Corporation Name

FLORIDA STATE SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6410 MURRAY CT. SANFORD FL 32771 US	6410 MURRAY CT. SANFORD FL 32771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1980
3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2232133 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

AMATO, ALPHONSE M.
6410 MURRAY CT.
SANFORD FL 32771

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alphonse M. Amato FSSA Treasurer 6/6/95
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	11 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, CHARLES	12 NAME	
STREET ADDRESS	4220 ALENE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PEREYRA, JUAN	22 NAME	
STREET ADDRESS	7152 PEMBROKE RD	23 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	CONFESSORE, LOU	32 NAME	VICTOR SIKORA
STREET ADDRESS	9675 S.W. 106 AVENUE	33 STREET ADDRESS	3825 SHADY RUN Rd.
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	TS	41 TITLE	☐ Change ☐ Addition
NAME	AMATO, AL	42 NAME	
STREET ADDRESS	8410 MURRAY COURT	43 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	MCCORMICK, BROOKS	52 NAME	
STREET ADDRESS	12945 114 AV N	53 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Alphonse M. Amato Treasurer 6/6/95 (407) 322-7317
SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALPHONSE M. AMATO

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