FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 751506 (7)

1. Corporation Name

FLORIDA STATE SOCCER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8410 MURRAY CT. SANFORD FL 32771 US	8410 MURRAY CT. SANFORD FL 32771 US

3. Date Incorporated or Qualified: 03/12/1980

3a. Date of Last Report: 06/12/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 27:

City & State — 28:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

AMATO, ALPHONSE M.
8410 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	ROBINSON, CHARLES		1.2 NAME	MCCORMICK, BROOKS	
STREET ADDRESS	4220 ALENE DRIVE		1.3 STREET ADDRESS	PO BOX 3980	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	SEMINOLE, FL 34645-0730	
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	PEREYRA, JUAN		2.2 NAME	Borrello, Roger	
STREET ADDRESS	7152 PEMBROKE RD		2.3 STREET ADDRESS	300 NW 70TH AVE, Suite 301	
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP	PLANTATION, FL. 33317	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIKORA, VICTOR		3.2 NAME		
STREET ADDRESS	3825 SHADY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AMATO, AL		4.2 NAME		
STREET ADDRESS	8410 MURRAY COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	5.1 TITLE	VD	☐ Change ☑ Addition
NAME	MCCORMICK, BROOKS		5.2 NAME	RODRIGUEZ, JOE	
STREET ADDRESS	12945 114 AV N		5.3 STREET ADDRESS	1744 CHERYL LANE	
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☑ Addition
NAME			6.2 NAME	MEEROFF, SUSANA	
STREET ADDRESS			6.3 STREET ADDRESS	6011 NW 68TH Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PARKLAND, FL 33067	

CR2E037 (12/95)

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 FSSA 4/7/96 407-299-7317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ALPHONSE M. AMATO