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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

171

FLORI	DA STATE SOCCER ASSOC		(1)					8	 	in ikan kan l		DE BIBEL IDEI
Principal Plac	ce of Business	Mailing Addre	ess		 _							
8410 MURRAY CT. 8410 MURRAY CT.							5.4.1					
SANFORD FL		SANFORD FL 32771				1	3. Date Incorporated or Qualified					
US		US				<u> </u>	03/12/1980 4. FEI Number Applied For					
							59-223	19199		-	_	t Applicable
2. Principal i	Place of Business	2a. Mailing Ad	ddress							\$8		Additional
21		26					5. Certificate of	Status Desired	; D			quired
Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.				Election Campaign Financing \$5.00 May Be					
22		27					Trust Fund C	ontribution		Adk	ded to	Fees
City & Sta	ite	City & Sta	te			7	. Is this nonpr	ofit corporation	a homeo		ciation	n?
Zip	Country	Zip		Country			This coroora	tion owes or ha			ar Inte	ennihle
24	25	29		30		'		perty Ta x due		Yes		No
	9. Name and Address of Curre	nt Registered Ager	ıt			10). Name and A	ddress of Nev	v Registe	ered Agent		
				81	Name							
	, alphonse M.			82	Street	Address	(P.O. Box Numl	ber is Not Acce	ptable)	 .		
	URRAY CT.											
SANFO	RD FL 32771			83								
				84	City					B5	Zip C	Code
11 Duroutoni	to the provisions of Sections 617 Oct	02 and 617 1500 El	orida Ptatul	as the show	Domod	Loornovati	on outmatte this	atotomost for		FL B	ing ite	rociotorod
office or	to the provisions of Sections 617.050 registered agent, or both, in the State	e of Florida. Such ch	iange was	authorized by	the cor	poration's	board of direc	tors. I hereby a	ccept the	appointme	nt as i	registered
agent. i a	am familiar with, and accept the oblig					•						
		Janons of, Socilon o	17.0503, FI	orida Statutes	s.							j
SIGNATURE	Signature, typed or printed name of registered ag			Orida Statutes	s. 				_	ATE	<u>.</u>	·
SIGNATURE		ent and tille if applicable.	ГОИ)	orida Statutes	s. 		en reinstating)	HANGES TO C	D.A		CTOR	S IN 12
	OFFICERS AN	ent and tille if applicable.		orida Statutes E: Registered Age	s. 		en reinstating)	HANGES TO C	D.A			S IN 12
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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 informatio 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 cath, 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 chapped, or on an attachment with an address.

ALPHONSE M. AMPTO (401) 399-73317

GNATURE:

FILED

Mar 26 1998 8:00am

Secretary of State