FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
95 FEB 17 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763903 (2)

1. Corporation Name
DELRAY BEACH SOCCER LEAGUE, INC.

Principal Place of Business
801 ANDREWS AVE
#3
DELRAY BEACH FL 33447-2534
US

Mailing Address
P.O BOX 2534
DELRAY BEACH FL 33447-2534
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1982
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2241199 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 1191 E. NEWPORT CTR. DR.
Suite, Apt. #, etc.
22 SUITE 206
City & State
23 DELRAY BCH FL
Zip 24 33442 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent
HALCOMB, DAVE
801 ANDREWS AVE. #3
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
01 Name: RAYMOND CROWLEY
02 Street Address (P.O. Box Number is Not Acceptable): 1191 EAST NEWPORT CTR. DR.
03 SUITE 206
04 City: DELRAY BCH FL 05 Zip Code: 33442

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: RAYMOND CROWLEY, PRESIDENT — DATE: 2/13/95
Signature, name 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NOBLES, RICK	1.2 NAME	
STREET ADDRESS	1311 SW 25TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	P ☒ Change ☒ Addition
NAME	HALCOMB, DAVE	2.2 NAME	RAY CROWLEY
STREET ADDRESS	801ANDREWS AVE # 3	2.3 STREET ADDRESS	1191 EAST NEWPORT CTR DR. SUITE 206
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33442
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	UNDERWOOD, MARY ALICE	3.2 NAME	
STREET ADDRESS	3000 SHERWOOD BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BUSH, RICK	4.2 NAME	
STREET ADDRESS	915 S.W. 27TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	THOMPSON, ARNOLD	5.2 NAME	ROBERT LAMBIE
STREET ADDRESS	1307 NW 8TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S ☒ Change ☐ Addition
NAME	FAZIO, KATHY	6.2 NAME	BUSH, GINGER
STREET ADDRESS	1118 HARBOR DR.	6.3 STREET ADDRESS	915 SW 27TH TERRACE
CITY-ST-ZIP	DELRAY BEACH FL	6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435

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)(k), 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: Mary Alice Underwood — MARY ALICE UNDERWOOD — 2/14/95 — 407-276-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0060583