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 # 763903 (2)

1. Corporation Name

DELRAY BEACH SOCCER LEAGUE, INC.

Principal Place of Business	Mailing Address
1191 E. NEWPORT CTR. DR. SUITE 206 DELRAY BEACH FL 33442 US	P.O BOX 2534 DELRAY BEACH FL 33447-2534 US

3. Date Incorporated or Qualified: 06/24/1982

3a. Date of Last Report: 02/17/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27

City & State — 23 — City & State — 28

Zip — 24 — Country — 25 — Zip — 29 — Country — 30

4. FEI Number: 59-2241199 ☐ 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**

CROWLEY, RAYMOND
1191 E. NEWPORT CTR. DR.
SUITE 206
DELRAY BEACH FL 33442

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	D	☒ DELETE	1.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	NOBLES, RICK		1.2 NAME	JOHN HAMIL	
STREET ADDRESS	1311 SW 25TH WAY		1.3 STREET ADDRESS	219 SE 7th AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33483	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROWLEY, RAY		2.2 NAME		
STREET ADDRESS	1191 E NEWPORT CTR DR SUITE 206		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LAMBIE, ROBERT		5.2 NAME		
STREET ADDRESS	1307 NW 8TH CT		5.3 STREET ADDRESS	1408 CORMORANT ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL		5.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	S	☒ DELETE	6.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	BUSH, GINGER		6.2 NAME	PAM LAMBIE	
STREET ADDRESS	915 SW 27 TERRACE		6.3 STREET ADDRESS	1408 CORMORANT ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL		6.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	

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)(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 1/23/96 407-276-3821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #