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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:32

DOCUMENT # **N04404** **(2)**

1. Corporation Name
EAU GALLIE SOCCER CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 362194 MELBOURNE FL 32934 US	P. O. BOX 362194 MELBOURNE FL 32934 US

3. Date Incorporated or Qualified: 07/27/1984
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2435505 ☐ 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPIELMAN, DONALD 4651 W. EAU GALLIE BLVD. MELBOURNE FL 32934	01 Name: Gary McGuire 02 Street Address (P.O. Box Number is Not Acceptable): 2533 Village Park Dr 03 04 City: Melbourne FL 05 Zip Code: 32934

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: Gary McGuire GARY McGUIRE 3/21/95
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	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	SPIELMAN, DONALD	1.2 NAME	GARY McGUIRE	
STREET ADDRESS	4651 W. EAU GALLIE BLVD.	1.3 STREET ADDRESS	2533 VILLAGE PARK DR	5
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	VT	2.1 TITLE	AD (Asst Treasurer)	☒ Change ☐ Addition
NAME	REYNOLDS, JAMES	2.2 NAME	JIM REYNOLDS	
STREET ADDRESS	1870 WHISPERING OAKS CIR.	2.3 STREET ADDRESS	1870 WHISPERING OAKS CIR	11
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	S	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	HAVE, GEORGE	3.2 NAME	RICHARD FIOTO	
STREET ADDRESS	1890 TALL PINE RD.	3.3 STREET ADDRESS	3437 Saddle Brook Dr	0
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	TD	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	REYNOLDS, JAMES	4.2 NAME	NATALIE MADDEN	
STREET ADDRESS	1870 WHISPERING OAKS CIR	4.3 STREET ADDRESS	1737 DODGE CIR. N	0
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Natalie Madden NATALIE MADDEN 2/18/95 407/254/6257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code & Number)