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

1. Corporation Name

EAU GALLIE SOCCER CLUB, INC.

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: **03/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 32936
Country 25:

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29: 32936
Country 30:

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

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

9. Name and Address of Current Registered Agent

GARY MCGUIRE
2533 VILLAGE PARK DRIVE
MELVOURNE FL 32934

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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRY MCGUIRE		1.2 NAME		
STREET ADDRESS	2533 VILLAGE PARK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE	AD	☐ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	JIM REYNOLDS		2.2 NAME		
STREET ADDRESS	1870 WHISPERING OAKS CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RICHARD FIOTO		3.2 NAME		
STREET ADDRESS	3437 SADDLE BROOK DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NATALIE MADDEN		4.2 NAME		
STREET ADDRESS	1737 DODGE CIRCLE, N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Assistant Director	☐ Change ☒ Addition
NAME			5.2 NAME	Bruce Kitchen	
STREET ADDRESS			5.3 STREET ADDRESS	116 Orchid Blvd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		☐ DELETE	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: Bobbie Gary McGuire 2/16/96 (407) 951-5118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)