

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11030 (6)  
1. Corporation Name  
TITUSVILLE SOCCER CLUB, INC.



Principal Place of Business PO BOX 683 TITUSVILLE FL 32781	Mailing Address PO BOX 683 TITUSVILLE FL 32781
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/10/1985		3a. Date of Last Report 11/25/1996	
4. FEI Number 59-2846839		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASSELER, LOUIS  
3305 MELODY LANE  
TITUSVILLE FL 32796

81 Name JOSEPH A. BARRETTA	82 Street Address (P.O. Box Number is Not Acceptable) 1987 RUSSELL DRIVE	83	84 City TITUSVILLE	85 Zip Code FL 32796
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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 *Joseph A. Barretta* DATE 8/18/97  
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	DELETE	1.1 TITLE	P/D	Change	Addition	
NAME	VASSELER, LOUIS		1.2 NAME	JOSEPH A. BARRETTA			
STREET ADDRESS	3305 MELODY LANE		1.3 STREET ADDRESS	1987 RUSSELL DRIVE			
CITY-ST-ZIP	TITUSVILLE FL 32796		1.4 CITY-ST-ZIP	TITUSVILLE FL 32796			
TITLE	VD	DELETE	2.1 TITLE	UP/D	Change	Addition	
NAME	BERTOT, ED		2.2 NAME				
STREET ADDRESS	2875 ST. MARKS DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL 32780		2.4 CITY-ST-ZIP				
TITLE	T	DELETE	3.1 TITLE	T/D	Change	Addition	
NAME	PARKER, CRAIG		3.2 NAME	SANDRA J. SOUZA			
STREET ADDRESS	4826 LONGBOW DRIVE		3.3 STREET ADDRESS	3305 MELODY LANE			
CITY-ST-ZIP	TITUSVILLE FL 32796		3.4 CITY-ST-ZIP	TITUSVILLE FL 32796			
TITLE	D	DELETE	4.1 TITLE	D/D	Change	Addition	
NAME	TUMBLIN, WINNIE		4.2 NAME	ELIZABETH TREINEN			
STREET ADDRESS	4180 TOM COURT		4.3 STREET ADDRESS	2618 RIVIERA DRIVE			
CITY-ST-ZIP	MIMS FL 32754		4.4 CITY-ST-ZIP	TITUSVILLE FL 32780			
TITLE		DELETE	5.1 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE REQUIRED

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CR2E037 (4/97)