


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90080 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N11030					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/10/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2846839	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THORSTENSON, MONTY 3481 DUNN ST MIMS FL 32754				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 Monty Thorstenson DATE 4/23/99
 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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THORSTENSON, MONTY			1.2 NAME			
STREET ADDRESS	3481 DUNN ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIMS FL 32754			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERTOT, ED			2.2 NAME			
STREET ADDRESS	2875 ST. MARKS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SOUZA, SANDRA J.			3.2 NAME			
STREET ADDRESS	3245 MELODY AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	DD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TREINEN, ELIZABETH			4.2 NAME			
STREET ADDRESS	2618 RIVIERA DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TITUSVILLE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: Sandra J Souza TREASURER 3/23/99 407-269-2679
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037- (11/98)