

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 # **N13220** (1)

1. Corporation Name
INDIAN RIVER SOCCER ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 650611, VERO BEACH FL 32965-7611
Mailing Address: P.O. BOX 650611, VERO BEACH FL 32965-7611

3. Date Incorporated or Qualified: **01/29/1986**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	22	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
12 MANRY, JOHN C 800 28TH AVE VERO EBAHC FL 32960				81 Name John C. Manry 82 Street Address (P.O. Box Number is Not Acceptable) 800 28th Avenue 83 84 City VERO BEACH FL 85 Zip Code 32960			

Correction of Spelling

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 officer 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: John C. Manry DATE: 1/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CAMPBELL ALAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	518 10TH AVE. VERO BEACH FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	SD VOYLES PATRICIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	395 13TH LN VERO BEACH FL 32960	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VPD FEGERT, FORD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	509 RIVER DR VERO BCH FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	TD MANRY, JOHN C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 28TH AVE VERO BEACH FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	800001722048
CITY - ST - ZIP		4.4 CITY - ST - ZIP	-02/23/96--01012--008
TITLE	VPD WASMUND, RICK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	575 ACACIA LANE VERO EBACH FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input checked="" 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 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: Patricia R. Voyles DATE: 1-29-96 (407) 563-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)