## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

**FILED** 

May 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N13220

(1)

Mailing Address

INDIAN RIVER SOCCER ASSOCIATION, INC.

P.O. BOX 650611 VERO BEACH FL 32965-7611		P.O. BOX 650611 VERO BEACH FL 32965-0611			
					3. Date incorporated or Qualified 01/29/1986 3a. Date of Last Report 02/23/1996
'	flace of Business	2a. Mailing Address			4. FEI Number Applied For NOT APPLICABLE Not Applied
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			5. Certificate of Status Desired See Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip TT	Country	Zip	Countr	У	<ol><li>This corporation has liability for Intangible tax under s. 199.032,</li></ol>
4	25   9. Name and Address of Current		30		Florida Statutes Yes No  10. Name and Address of New Registered Agent
	D. THE BIT OF THE PARTY OF THE	Trogretorou rigorit	81	Name	
MANRY, JOHN C 800 28TH AVE			62		Voyles, Patricia Address (P.O. Box Number is Not Acceptable) 395 13th Ave.
VERO EBAHC FL 32960			[83] V		Vero Beach
	•		84	City	IAP   Zin Code
11 Pursuant	to the provisions of Sections 617 0502	and 617 1508 Florida Statute	e the abov	l e pamod	FL 32962
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		Q 1(18)	riva Statute	15.	4-10-97
JOHN TOIL .	Signature, typed or printed name of registered agent	and the if applicable (NOTE	Registered Ag	ent signature	e required when reinstating) DATE
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CAMPORELL ALAN	☐ DELETE	1.1 TITLE	1	Campbeil, Alan Change Addit
NAME	CAMPBELL ALAN 518 10TH AVE.		1.2 NAME		518 10th Ave.
STREET ADDRESS	VERO BEACH FL		•	T ADDRESS	Vero Beach, FL 32962
CITY-ST-ZIP TITLE	SD	DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP	
NAME	VOYLES PATRICIA	December 1	2.2 NAME		
STREET ADDRESS	395 13TH LN			T ADDRESS	Voyles, Patricia
CITY-ST-ZIP	VERO BEACH FL 32960		2. 4 CITY-		395 13th Ave. Vero Beach, FL 32962
TITLE	VP0	☐ DELETE	3.1 TITLE	7	Vice President Change Addit
NAME	FEGERT, FORD		3.2 NAME		Fegert, Ford
STREET ADDRESS	509 RIVER DR		3.3 STREE	T ADDRESS	509 River Drive
CITY-ST-ZIP	VERO BCH FL		3.4. CITY-	ST-ZIP	Vero Beach, PL 32963
TITLE	TD	DELETE	4.1 TITLE		Change Additi
NAME	MANRY, JOHN C		4. 2 NAME		
STREET ADDRESS	800 28TH AVE		4.3 STREE	T ADDRESS	
CITY-ST-ZIP TITLE	VERO BEACH FL	DELETE	4.4 CITY-		
NAME		L. J DECETE	5.1 TITLE	ם ו	Change MAdditi
STREET ADDRESS			5.2 NAME	T ADDRESS	Garrett, Sherry
CITY-ST-ZIP			5.4 CITY-	I	1180 29th Ave.
TITLE		DELETE	6.1 TITLE	DI EII	Vero Beach, FL 32960
NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZiP			6.4 CITY-		
Intermation	n indicated on this annual report or su	pplemental annual report is tri he receiver or trustee empowe	ue and acc ered to exe	urata and	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the if that my signature shall have the same legal effect as if made under oath; if report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Optime Promet mone