

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N18484** (8)

1. Corporation Name
COCOA SOCCER CLUB, INC.

95 MAY 23 PM 1:20

Principal Place of Business
**5100 DALEHURST DR
COCOA FL 32926**

Mailing Address
**1981 OTTERBEIN AVENUE
COCOA FL 32926
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1986** 3a. Date of Last Report **03/15/1994**

4. FEI Number **59-2744252** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 **26 4855 ANCONA ROAD**

22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.

23 City & State 28 **COCOA, FL**

24 Zip 25 Country 29 **32927** 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

**MEYER, PAMELA
1981 OTTERBEIN AVENUE
COCOA FL 32926**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4855 ANCONA ROAD

83

84 City **COCOA** 85 State **FL** 86 Zip Code **32927**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/28/95**

Signature, typed or printed name of registered agent and, if applicable, Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MEYER, PAMELA S.
STREET ADDRESS	1981 OTTERBEIN AVENUE
CITY - ST - ZIP	COCOA FL
TITLE	VPD
NAME	LIEBSCH, JOHN
STREET ADDRESS	1211 GOLDEN POND
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	TD
NAME	KOVA, MARTIN
STREET ADDRESS	5100 DALEHURST DR.
CITY - ST - ZIP	COCOA FL
TITLE	S
NAME	LACY, LISIS
STREET ADDRESS	2465 E. SHERWOOD CIR.
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	VPD - 1ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAY MATOS
23 STREET ADDRESS	2406 STANFORD DRIVE
24 CITY - ST - ZIP	COCOA, FL 32926
31 TITLE	VPD 2ND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MIKE SOARES
33 STREET ADDRESS	3708 Sherwood circle
34 CITY - ST - ZIP	COCOA, FL 32926
41 TITLE	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Shelley Roff
43 STREET ADDRESS	3471 Craggy Bluff PL
44 CITY - ST - ZIP	COCOA, FL 32926
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 presented 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, changed, or on an appointment with an address.

SIGNATURE: *[Signature]* DATE **4/28** (Type Name) **(107) 783-1133**

Signature and typed or printed name of signing officer or director