

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 # N18484 (8)

1. Corporation Name

COCOA SOCCER CLUB, INC.

Principal Place of Business

5100 DALEHURST DR  
COCOA FL 32926

Mailing Address

4855 ANCONA ROAD  
COCOA FL 32927  
US

2. Principal Place of Business

2a. Mailing Address

26 2406 STANFORD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

28 COCOA FL

Zip

Country

Zip

Country

29 32926

30 US

9. Name and Address of Current Registered Agent

MEYER, PAMELA  
4855 ANCONA ROAD  
COCOA FL 32927

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

05/23/1995

4. FEI Number

59-2744252

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

KOIVU, MARTIN

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

5100 DALEHURST DRIVE

83

84 City

COCOA

FL

85 Zip Code

32926

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 MARTIN S. KOIVU Treasurer

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

5/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME MEYER, PAMELA S.  
STREET ADDRESS 1981 OTTERBEIN AVENUE  
CITY-ST-ZIP COCOA FL

TITLE DV ☐ DELETE

NAME MATOS, JAY  
STREET ADDRESS 2406 STANFORD DRIVE  
CITY-ST-ZIP COCOA FL

TITLE TO ☐ DELETE

NAME KOIVA, MARTIN  
STREET ADDRESS 5100 DALEHURST DR.  
CITY-ST-ZIP COCOA FL

TITLE S ☒ DELETE

NAME ROFF, SHELLEY  
STREET ADDRESS 3471 CRAGGY BLUFF PL  
CITY-ST-ZIP COCOA FL

TITLE DV ☐ DELETE

NAME SOARES, MIKE  
STREET ADDRESS 3708 SHERWOOD CIRCLE  
CITY-ST-ZIP COCOA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

MARTIN S. KOIVU  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96  
Date

407 632 5640  
Daytime Phone #

FILED  
96 MAY 10 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (12/95)