

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**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26	2406 STANFORD DRIVE	12/29/1986	05/23/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				59-2744252	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		COCOA FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		32926			
Country		Country			
		US			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEYER, PAMELA 4855 ANCONA ROAD COCOA FL 32927				81 Name	KOIVU, MARTIN		
				82 Street Address (P.O. Box Number is Not Acceptable)	5100 DALEHURST DRIVE		
				83			
				84 City	COCOA	85 State	FL

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 *MSK* DATE 5/1/96
(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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, PAMELA S.	1.2 NAME	
STREET ADDRESS	1981 OTTERBEIN AVENUE	1.3 STREET ADDRESS	100001827161
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	-05/17/96--01088--011
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, JAY	2.2 NAME	
STREET ADDRESS	2406 STANFORD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	32926
TITLE	TO <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOIVA, MARTIN	3.2 NAME	KOIVU,
STREET ADDRESS	5100 DALEHURST DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROFF, SHELLEY	4.2 NAME	GATES, SANDY
STREET ADDRESS	3471 CRAGGY BLUFF PL	4.3 STREET ADDRESS	2907 INDIAN RIVER DRIVE
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	COCOA FL 32422
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOARES, MIKE	5.2 NAME	
STREET ADDRESS	3708 SHERWOOD CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LETOSKY, VERONICA
STREET ADDRESS		6.3 STREET ADDRESS	4540 RECTOR ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	COCOA FL 32926

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: *MSK* MARTIN S. KOIVU DATE 5/1/96 DAYTIME PHONE # 407 632 5640
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (12/95)