

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18484** (8)
1. Corporation Name
COCOA SOCCER CLUB, INC.



Principal Place of Business 5100 DALEHURST DR COCOA FL 32926	Mailing Address 2406 STANFORD DR. COCOA FL 32926-5747 US
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3. Date Incorporated or Qualified 12/29/1986	3a. Date of Last Report 05/10/1996
4. FEI Number 59-2744252	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**MEYER, PAMELA
4855 ANCONA ROAD
COCOA FL 32927**

10. Name and Address of New Registered Agent
81 Name **KOIVU MARTIN**
82 Street Address (P.O. Box Number is Not Acceptable) **5100 DALEHURST DR**
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 M.S. MARTIN S. KOIVU TREASURER DATE **4/25/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MATOS, JAY	
STREET ADDRESS	2406 STANFORD DRIVE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOIVU, MARTIN	
STREET ADDRESS	5100 DALEHURST DR.	
CITY-ST-ZIP	COCOA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GATES, SANDY	
STREET ADDRESS	2907 INDIAN RIVER DR.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SOARES, MIKE	
STREET ADDRESS	3708 SHERWOOD CIRCLE	
CITY-ST-ZIP	COCOA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LETOSKY, VERONICA	
STREET ADDRESS	4540 RECTOR RD.	
CITY-ST-ZIP	COCOA FL 32928	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	600002185926
5.4 CITY-ST-ZIP	-05/21/97--01006--005
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	**\$61.25
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED DATE **4/25/97** DAYTIME PHONE # **407 632-5642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)