

FILE NOW: FILING FEE IS \$61.25

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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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1986		3a. Date of Last Report 05/10/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2744252		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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	KOINU MARTIN
82	Street Address (P.O. Box Number is Not Acceptable)	5100 DALEHURST DR
83		
84	City	COCOA
85	Zip Code	FL 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. L. MARTIN S. KOINU TIGARAGE** DATE **4/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, JAY	1.2 NAME	
STREET ADDRESS	2406 STANFORD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOINU, MARTIN	2.2 NAME	
STREET ADDRESS	5100 DALEHURST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, SANDY	3.2 NAME	
STREET ADDRESS	2907 INDIAN RIVER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOARES, MIKE	4.2 NAME	
STREET ADDRESS	3708 SHERWOOD CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETOSKY, VERONICA	5.2 NAME	
STREET ADDRESS	4540 RECTOR RD.	5.3 STREET ADDRESS	600002185926
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	-05/21/97--01006--005
TITLE		6.1 TITLE	***\$61.25
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **S. KOINU** DATE **4/25/97** DAYTIME PHONE # **407 632-5642**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)