

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

5100 DALEHURST DR
COCOA FL 32926

2406 STANFORD DR.
COCOA FL 32926
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

5100 DALEHURST DR

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

32926

31

US

9. Name and Address of Current Registered Agent

KOIVU, MARTIN
5100 DALEHURST DR
COCOA FL 32926

3. Date Incorporated or Qualified

12/29/1986

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME MATOS, JAY
STREET ADDRESS 2406 STANFORD DRIVE
CITY-ST-ZIP COCOA FL 32926

TITLE TD ☐ DELETE

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

TITLE VDS ☒ DELETE

NAME LETOSKY, VERONICA
STREET ADDRESS 4540 RECTOR RD.
CITY-ST-ZIP COCOA FL 32926

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME YARDLEY, THOMAS
1.3 STREET ADDRESS 865 N. INDIAN RIVER DR.
1.4 CITY-ST-ZIP COCOA FL 32922

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VDS ☒ Change ☐ Addition

3.2 NAME SUTTON, ROBERT
3.3 STREET ADDRESS 809 HILSDALE DR
3.4 CITY-ST-ZIP COCOA FL 32922

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN S. KOIVU

9/24/98

Date

407 632 5640

Daytime Phone #

CR2E037 (5/98)

FILED
Sep 30 1998 8:00am
Secretary of State

