


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

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04-27-1999 90113 019 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N18484

1. Corporation Name
COCOA SOCCER CLUB, INC.

| | |
|--|--|
| Principal Place of Business 5100 DALEHURST DR COCOA FL 32926 | Mailing Address 5100 DALEHURST DR COCOA FL 32926 US |
|--|--|



| | | |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/29/1986 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2744252 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country 29 | Zip 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

KOIVU, MARTIN
5100 DALEHURST DR
COCOA FL 32926

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | YARDLEY, THOMAS | |
| STREET ADDRESS | 865 N INDIAN RIVER DR | |
| CITY-ST-ZIP | COCOA FL 32922 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KOIVU, MARTIN | |
| STREET ADDRESS | 5100 DALEHURST DR. | |
| CITY-ST-ZIP | COCOA FL | |
| TITLE | VDS | <input checked="" type="checkbox"/> DELETE |
| NAME | SUTTON, ROBERT | |
| STREET ADDRESS | 808 HILLSDALE DR | |
| CITY-ST-ZIP | COCOA FL 32922 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | MATOS, JAY | |
| 1.3 STREET ADDRESS | 2406 STANFORD DRIVE | |
| 1.4 CITY-ST-ZIP | COCOA FL 32926 | |
| 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 | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | BORNBERG, DAVID | |
| 3.3 STREET ADDRESS | 2675 WAGON ROAD | |
| 3.4 CITY-ST-ZIP | COCOA FL 32926 | |
| 4.1 TITLE | DS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | RUFF, SHELLEY | |
| 4.3 STREET ADDRESS | 3471 CRAGGY BLUFF PLACE | |
| 4.4 CITY-ST-ZIP | COCOA FL 32926 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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, with or without other like empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR **MARTIN S. KOIVU** 4/23/99 907 632 5640

CR2E037 (1/98)