

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 12:25

DOCUMENT # N19049 (8)

1. Corporation Name

CHAIRES SOCCER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 02/04/1994
4. FEI Number 59-2809388	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
9685 S HORSESHOE RD TALLAHASSEE FL 32311		9685 S HORSESHOE RD TALLAHASSEE FL 32311	
2. Principal Place of Business	2a. Mailing Address		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip		
24. Country	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent

**KLEYNEN, PAUL
9685 S HORSESHOE RD
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MENSER, MARK	1.2 NAME	
STREET ADDRESS	1024 GREENHILL TRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KLEYNEN, PAUL	2.2 NAME	
STREET ADDRESS	9685 S HORSESHOE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	STACEY, CHRISTY	3.2 NAME	
STREET ADDRESS	8334 PORTSMOUTH CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	WALLER, ALEX	4.2 NAME	
STREET ADDRESS	6380 WILLIAMS RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GRANTHAM, LINDA	5.2 NAME	
STREET ADDRESS	3017 WW KELLY RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	☐ Change ☒ Addition
NAME	Steele, Donald	6.2 NAME	
STREET ADDRESS	6989 AZURA Rd	6.3 STREET ADDRESS	
CITY - ST - ZIP	Tallahassee FL 32311	6.4 CITY - ST - ZIP	

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 110.07(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 liquidator 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:

Paul Kleynen 4-5-95 878-2122