

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N19049 (8)**

1. Corporation Name

**CHAIRES SOCCER ASSOCIATION, INC.**



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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/03/1987**

3a. Date of Last Report

**04/10/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MENSER, MARK</b>	
STREET ADDRESS	<b>1024 GREENHILL TRACE</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KLEYNEN, PAUL</b>	
STREET ADDRESS	<b>9685 S HORSESHOE RD</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>STACEY, CHRISTY</b>	
STREET ADDRESS	<b>8334 PORTSMOUTH CT</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALLER, ALEX</b>	
STREET ADDRESS	<b>6380 WILLIAMS RD</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANTHAM, LINDA</b>	
STREET ADDRESS	<b>3017 WW KELLY RD</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEELE, DONALD</b>	
STREET ADDRESS	<b>6989 AZUSA RD</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Skip Burnside</b>	
1.3 STREET ADDRESS	<b>RT 17 Box 1296</b>	
1.4 CITY - ST - ZIP	<b>Tallahassee FL 32308</b>	
2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Debby Rivest</b>	
2.3 STREET ADDRESS	<b>8365 Caplock Rd</b>	
2.4 CITY - ST - ZIP	<b>Tallahassee FL 32311</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Carla Parker</b>	
3.3 STREET ADDRESS	<b>2233 Pineland Dr</b>	
3.4 CITY - ST - ZIP	<b>Tallahassee FL 32311</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Randy Nicklaus</b>	
4.3 STREET ADDRESS	<b>8720 Manchester Ct</b>	
4.4 CITY - ST - ZIP	<b>Tallahassee FL 32311</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Ned Stacey</b>	
5.3 STREET ADDRESS	<b>8334 Portsmouth CT</b>	
5.4 CITY - ST - ZIP	<b>Tallahassee FL 32311</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Brigitte H. Marshall</b>	
6.3 STREET ADDRESS	<b>2001 Old St. Augustine Rd</b>	
6.4 CITY - ST - ZIP	<b>Tallahassee FL 32301</b>	

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 119.07(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 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

**3/26/96**

Date

**878-2173**

Daytime Phone #

**Ext**

**1217**

CR2E037 (12/95)