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Apr 07 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 # N19049 (8)

1. Corporation Name

~~CAPITAL SOCCER ASSOCIATION, INC.~~
~~CAPITAL SOCCER ASSOCIATION, INC.~~
~~CHAIR'S SOCCER ASSOCIATION, INC.~~

Principal Place of Business

Mailing Address

8334 PORTSMOUTH COURT
TALLAHASSEE FL 323118334 PORTSMOUTH COURT
TALLAHASSEE FL 32311-9422

400002135864

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3. Date Incorporated or Qualified 02/03/1987	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2809388		Applied For Not Applicable	
21 Suite, Apt #, etc.		26 P.O. Box 10813					
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 TALLAHASSEE FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 U.S.		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

10. Name and Address of New Registered Agent

KLEYNEN, PAUL
9685 S HORSESHOE RD
TALLAHASSEE FL 32311

81 Name CHRISTY STACEY	85 Zip Code 32311
82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 8334 PORTSMOUTH CT.	
83 City TALLAHASSEE 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 *Christy Stacey, President*

3-26-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BURNSIDE, SKIP RT 17 BOX 1296 TALLAHASSEE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	S CARLA PARKER 2233 PINELAND DR. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEYNEN, PAUL 9685 S HORSESHOE RD TALLAHASSEE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	T DEBBIE RIVEST 8365 CAP LOCK RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STACEY, CHRISTY 8334 PORTSMOUTH CT TALLAHASSEE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D MARY BAILEY 1955 LAWSON RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICKLAUS, RANDY 8720 MANCHESTER COURT TALLAHASSEE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D CHET HUDSON 9485 OLD ST. AUGUSTINE RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STACEY, NED 8334 PORTSMOUTH COURT TALLAHASSEE FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D MARK FELT 7004 AZUSA RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSHALL, BRIGETTE H. 2001 OLD ST. AUGUSTINE ROAD TALLAHASSEE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D BETH WILLIAMS 1109 WALDEN RD. TALLAHASSEE, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Christy Stacey* (Christy Stacey) 3-12-97 (904) 656-5704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0008346

CR2E037 (9/96)