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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90059 028 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N19049**

1. Corporation Name

**CAPITAL SOCCER ASSOCIATION, INC.**

Principal Place of Business  
8334 PORTSMOUTH COURT  
TALLAHASSEE FL 32311

Mailing Address

P.O. BOX 10813  
TALLAHASSEE FL 32302-2813



2. Principal Place of Business

21 **4482 Argyle Lane**

Suite, Apt. #, etc.

22

23 **Tallahassee, FL**

24 Zip **32308** 25 Country **USA**

2a. Mailing Address

26 **P.O. Box 10813**

Suite, Apt. #, etc.

27

28 **Tallahassee**

29 Zip **FL** 30 Country **32302**

3. Date Incorporated or Qualified

**02/03/1987**

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

9. Name and Address of Current Registered Agent

**STACEY, CHRISTY  
8334 PORTSMOUTH COURT  
TALLAHASSEE FL 32311**

10. Name and Address of New Registered Agent

81 Name **Randy Nicklaus**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **4482 Argyle Lane**  
84 City **Tallahassee** 85 **FL** 86 Zip Code **32308**

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

*Forney Treasurer*

**1/24/99**

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 type="checkbox"/> DELETE            |
| NAME           | <b>BURNSIDE, SKIP</b>              |  |
| STREET ADDRESS | <b>RT 17 BOX 1296</b>              |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>              |  |
| TITLE          | <b>T</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RIVEST, DEBBIE</b>              |  |
| STREET ADDRESS | <b>8365 CAP LOCK RD.</b>           |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32311</b>        |  |
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>STACEY, CHRISTY</b>             |  |
| STREET ADDRESS | <b>8334 PORTSMOUTH CT</b>          |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>              |  |
| TITLE          | <b>P</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>NICKLAUS, RANDY</b>             |  |
| STREET ADDRESS | <b>8720 MANCHESTER COURT</b>       |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>              |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE            |
| NAME           | <b>MARSHALL, BRIGETTE H.</b>       |  |
| STREET ADDRESS | <b>2001 OLD ST. AUGUSTINE ROAD</b> |  |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>              |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Mary Bailey</b>   |
| 1.3 STREET ADDRESS | <b>1955 Hawthorne Ave. Rd.</b>   |
| 1.4 CITY-ST-ZIP    | <b>Tallahassee, FL 32308</b>   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Lowell R. Clary</b>   |
| 2.3 STREET ADDRESS | <b>2106 Olive Drive</b>  |
| 2.4 CITY-ST-ZIP    | <b>Tallahassee FL 32308</b>  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Chester Hudson</b>  |
| 3.3 STREET ADDRESS | <b>4485 Old St. Augustine Rd.</b>  |
| 3.4 CITY-ST-ZIP    | <b>Tallahassee, FL 32311</b>   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | <b>D-Bob Cohen</b>   |
| 4.3 STREET ADDRESS | <b>1301 Hawthorne Rd.</b>  |
| 4.4 CITY-ST-ZIP    | <b>Tallahassee, FL 32311</b>   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           | <b>D-Mike Beha</b>   |
| 5.3 STREET ADDRESS | <b>2016 Wedgewood Dr.</b>  |
| 5.4 CITY-ST-ZIP    | <b>Tallahassee, FL 32311</b>   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           | <b>D-Mark Belt</b>   |
| 6.3 STREET ADDRESS | <b>7004 Azusa Rd.</b>  |
| 6.4 CITY-ST-ZIP    | <b>Tallahassee FL 32311</b>  |

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 all other like empowered.

SIGNATURE:

*Forney Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/99 850-414-4442**

Date

Daytime Phone #

CR2E037 (11/98)