

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

**APPROVED
AND
FILED**

95 APR 19 AM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N38358 (0)

1. Corporation Name

CORAL SPRINGS SOCCER COMMISSION, INC.

Principal Place of Business

Mailing Address

10000 NW 29TH ST
P.O. BOX 8014
CORAL SPRINGS FL 33065

P O BOX 8014
P.O. BOX 8014
CORAL SPRINGS FL 33075
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/23/1990

3a. Date of Last Report

05/19/1994

4. FEI Number

65-0201981

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

Country

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALABASTER, HOWARD I., ESQ.
2842-C UNIVERSITY DR.
CORAL SPRINGS FL 33065**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

COHEN, HOWARD

STREET ADDRESS

12075 S.W. 1CT.

CITY - ST - ZIP

CORAL SPRINGS FL 33071

TITLE

D

NAME

LAWSON, RALPH

STREET ADDRESS

5050 LETNER DRIVE W.

CITY - ST - ZIP

CORAL SPRINGS FL 33067

TITLE

D

NAME

BIERMAN, CARL

STREET ADDRESS

10966 N.W. 14 ST.

CITY - ST - ZIP

CORAL SPRINGS FL 33071

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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 in an addition block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl F Bierman

4/10/95

Daytime Phone #

973 5284