FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS**

FILED Feb 26 1998 8:00am Secretary of State

1. Corporation		` '								
ANCIEN	NT CITY SOCCER LEAGUE,	INC.								
Principal Place	e of Business	Mailing Address								
200 THEODORE ST ST AUGUSTINE FL 32095-9428		200 THEODORE ST ST AUGUSTINE FL 32095-9428		3. Date incorporated or Qua	lified		oplied For			
						59-2171974			ot Applicable	
2. Principal Pl	ace of Business	2a. Mailing Address				ed 🗆	\$8.75			
21		26				5. Certificate of Status Desire	#a 🔟	Fee Re		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Finance		\$5.00			
22		City & State			Trust Fund Contribution	<u> </u>	Added to			
City & State	•	28				7. Is this nonprofit corporation a homeowners association?				
Zip Country		Zip Country		try		8. This corporation owes or t		ent year Int	angible	
24	25	29	30			Personal Property Tax due	June 30.	Yes [] No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of No	w Registered A	gent		
			'	B1 Nam	9					
ACOSTA, DOTTIE			1	32 Stre	t Addre	ss (P.O. Box Number is Not Acc	eptable)			
	ODORE ST		la la	33						
ST AUGI	USTINE FL 32095		L					.,	_	
			1	B4 City			FL	85 Zip I	Code	
11. Pursuant to	to the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	tes, the abo authorized orlda Statu	ove-name by the calles.	ed corporation	oration submits this statement fo on's board of directors. I hereby	r the purpose of accept the appo	changing it intment as	s registered registered	
SIGNATURE _										
	Signature, typed or printed name of registered age			Agent signa	ure require	d when reinstating) ADDITIONS/CHANGES TO	DATE	DIDECTOR	O IN 10	
12.	OFFICERS ANI	DELETE	13. 1.1 TITL		т	ADDITIONS/CHANGES TO		Change	Addition	
TITLE NAME	PD Acosta, James L.	() Deceie	1.2 NAA				'			
STREET ADDRESS				ril Eet addres	s l					
CITY-ST-ZIP	\$T. AUGUSTINE FL		1	Y-ST-ZIP	<u> </u>					
TITLE	VPD	☐ DELETÉ		2.1 TITLE		RECTOR.		Change	Addition	
NAME	ROWLAND, KEITH		2.2 NAM	ΛE						
STREET ADDRESS	129 CORNELL ROAD		2.3 STR	EET ADDRES	s					
CITY-ST-ZIP	ST. AUGUSTINE FL		2. 4 CIT	Y-ST-ZIP						
TITLE	TO	☐ DELETE	3.1 TITL					Change	☐ Addition	
NAME	ACOSTA, DOTTIE L.		3.2 NAM							
STREET ADDRESS	200 THEODORE STREET			EET ADDRES	s [
CITY-ST-ZIP TITLE	ST. AUGUSTINE FL SD	DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP E	11/1	ECTOR		Change	☐ Addition	
NAME	VAIL, NANCY		4. 2 NA					-		
STREET ADDRESS	6399 SALADO ROAD			EET ADORES	s					
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CIT	Y-ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITE	Æ				Change	Addition	
NAME	QUINTIN, RONALD		5.2 NAM	ΑE						
STREET ADDRESS	40 AVISTA CIRCLE			EET ADDRES	s					
CITY-ST-ZIP	ST. AUGUSTINE FL	T OFFETT	_	Y-ST-ZIP				Change	☐ Addition	
TITLE	D D	☐ DELETE	6.1 TITE					— ∧ıııılın	ואוווטטא זייין	
NAME	PREUSS, JOHN		6.2 NAA		.					
STREET ADDRESS	443 SEGOVIA ROAD ST. AUGUSTINE FL		B A CIT	EET ADORES Y-ST-ZIP	-					
14. I hereby c	certify that the information supplied w	ith this filing does not qualify	or the exer	nption st	ated in 8	Section 119.07(3)(i), Florida Stat	utes. I further cer	tify that the	information	
indicated officer or Block 12 (certify that the information supplied we on this annual report or supplement director of the corporation of the rector Block 13 if changed or on the rector blo	il Annual report is true and ac wer or trustee empowered to Inmen) with an address.	curate and execute th	that my is report	signatur as requ	e shall have the same legal effei ired by Chapter 617, Florida Sta	ct as if made und lutes; and that m	ier oath; thi iy name ap	at I am an pears in	

2-17-98

904-829-860)