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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N44477

1. Corporation Name

ANCIENT CITY SOCCER LEAGUE, INC.

Principal Place of Business

**200 THEODORE ST
ST AUGUSTINE FL 32095-9428**

Mailing Address

**200 THEODORE ST
ST AUGUSTINE FL 32095-9428**



2. Principal Place of Business

21 Gamble Rogers Middle School

2a. Mailing Address

26 Post Office Box 860217

3. Date Incorporated or Qualified

07/29/1991

Suite, Apt. #, etc.

22 6250 US 1 South

Suite, Apt. #, etc.

4. FEI Number

59-2171974

Applied For

Not Applicable

City & State

23 St. Augustine, FL

City & State

28 St. Augustine, FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip Country
24 32086 25 USA

Zip Country
29 32086 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**ACOSTA, DOTTIE
200 THEODORE ST
ST AUGUSTINE FL 32095**

10. Name and Address of New Registered Agent

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 **PD** ☐ DELETE
NAME **ACOSTA, JAMES L.**
STREET ADDRESS **200 THEODORE STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☒ DELETE
NAME **ROWLAND, KEITH**
STREET ADDRESS **129 CORNELL ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **TD** ☒ DELETE
NAME **ACOSTA, DOTTIE L.**
STREET ADDRESS **200 THEODORE STREET**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☒ DELETE
NAME **VAIL, NANCY**
STREET ADDRESS **6399 SALADO ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☒ DELETE
NAME **QUINTIN, RONALD**
STREET ADDRESS **40 AVISTA CIRCLE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **D** ☒ DELETE
NAME **PREUSS, JOHN**
STREET ADDRESS **443 SEGOVIA ROAD**
CITY-ST-ZIP **ST. AUGUSTINE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director/Past President** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **President/Director** ☐ Change ☒ Addition
2.2 NAME **Tracy Wilson Upchurch**
2.3 STREET ADDRESS **398 Old Quarry Road**
2.4 CITY-ST-ZIP **St. Augustine, FL 32084**

3.1 TITLE **Vice President/Director** ☐ Change ☒ Addition
3.2 NAME **Joe Webb**
3.3 STREET ADDRESS **606 Mulligan Way**
3.4 CITY-ST-ZIP **St. Augustine, FL 32084**

4.1 TITLE **Secretary/Director** ☐ Change ☒ Addition
4.2 NAME **Sharon Maguire**
4.3 STREET ADDRESS **3 Talavera Court**
4.4 CITY-ST-ZIP **St. Augustine, FL 32086**

5.1 TITLE **Treasurer/Director** ☐ Change ☒ Addition
5.2 NAME **Joan Crowell**
5.3 STREET ADDRESS **3160 Mac Road**
5.4 CITY-ST-ZIP **St. Augustine, FL 32086**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99
Date

904/829-9066
Daytime Phone #

CR2E037 (11/98)