

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:59

DOCUMENT # **N45156 (9)**

1. Corporation Name
FIRST COAST SOCCER, INC.

Principal Place of Business Mailing Address
4810 EXECUTIVE PARK COURT JACKSONVILLE FL 32216-6069

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified **09/16/1991** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-3090428** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **10991-55 SAN JOSE BLVD** 26 **10991-55 SAN JOSE BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite #144** 27 **Suite #144**
City & State City & State
23 **JACKSONVILLE, FL.** 28 **JACKSONVILLE, FL.**
Zip Country Zip Country
24 **32223** 25 **DUVAL** 29 **32223** 30 **DUVAL**

9. Name and Address of Current Registered Agent
**SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST.
JACKSONVILLE FL 32202**

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 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 _____ (NOTE: Registered Agent signature required when reselecting) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE **DP**
NAME **GIBBS, CHARLES**
STREET ADDRESS **2548 STERLING OAKS COURT**
CITY - ST - ZIP **ORANGE PARK FL**
TITLE **D**
NAME **MAVER, BUD**
STREET ADDRESS **9850-3 SAN JOSE BLVD.**
CITY - ST - ZIP **JACKSONVILLE F**
TITLE **D**
NAME **MARINATOS, ANTHONY**
STREET ADDRESS **4810 EXECUTIVE PARK CT.**
CITY - ST - ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PRESIDENT - DP** Change Addition
1.2 NAME **MAURER, R.W.**
1.3 STREET ADDRESS **2404 SARA GOSSA AVE.**
1.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32217**
2.1 TITLE **TREASURER** Change Addition
2.2 NAME **EDWARD J. ROSSETTI**
2.3 STREET ADDRESS **3373 LAUREL GROVE SOUTH**
2.4 CITY - ST - ZIP **JACKSONVILLE, FL 32223**
3.1 TITLE **SECRETARY - D** Change Addition
3.2 NAME **WILEX, HUGH**
3.3 STREET ADDRESS **8997 RUNNYMEADE RD.**
3.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32217**

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 119.07(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 on an attachment with an address.

SIGNATURE: Edward J. Rossetti **3/8/95** **(904) 268-4696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)