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

APPROVED AND FILED

95 MAY 16 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000244 (4)**

1. Corporation Name

EAST ORANGE SOCCER CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 677185 ORLANDO FL 32867 US	P O BOX 677185 ORLANDO FL 32867 US

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-3162619 — 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HEINKEL, R L
243 W. PARK AVE.
SUITE 201
WINTER PARK FL 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PD	☒ Change ☐ Addition
NAME	BEATO, JUDY	12 NAME	Stephen S. Lilly	
STREET ADDRESS	1508 PINAR DR	13 STREET ADDRESS	1550 Armoni St.	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orl. FL. 32825	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	LABARBERA, VINCENT	22 NAME	Ken Goodman	
STREET ADDRESS	12659 HUCKLEBERRY FINN	23 STREET ADDRESS	2849 Carlisle Ave	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orl FL 32826	
TITLE	T	31 TITLE	TD	☒ Change ☐ Addition
NAME	FRASER, DONNA	32 NAME	MAK Sullivan	
STREET ADDRESS	10732 FALLOW TR	33 STREET ADDRESS	1513 Sophie Blvd	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32828	
TITLE	S	41 TITLE	SD	☒ Change ☐ Addition
NAME	ARROWOOD, JO ANN	42 NAME	Cheryl Rainer	
STREET ADDRESS	10414 OLCOT ST	43 STREET ADDRESS	7755 Altavan Ave.	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Orlando, FL 32822	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: Stephen S. Lilly — Stephen S. Lilly 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0039024