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May 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000244 (4)

1. Corporation Name

EAST ORANGE SOCCER CLUB, INC.



Principal Place of Business

Mailing Address

P O BOX 677185
ORLANDO FL 32867
US

P O BOX 677185
ORLANDO FL 32867-7185
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
01/15/1993

3a. Date of Last Report
05/01/1996

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Donald A. Myers, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

116 America ST.

83

84 City

Orlando

FL

85 Zip Code

32801

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

5/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ALVARIAN, MAJID
STREET ADDRESS 8239 DEMING DR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP ☒ DELETE
NAME CHANEY, JIM
STREET ADDRESS 317 LEXINGTONDALE DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS Myers, Donald A
2.4 CITY-ST-ZIP 116 America ST -
Orlando FL 32801

TITLE TD ☒ DELETE
NAME STUTZMAN, TRUDY
STREET ADDRESS 12420 WILLCOX CT
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME TD
3.3 STREET ADDRESS Loy, Denise
3.4 CITY-ST-ZIP 3000 N. Goldenrod Rd.
Orlando FL 32807

TITLE SD ☐ DELETE
NAME ALVARIAN, JACKIE
STREET ADDRESS 8239 DEMING DR
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018202

MAJID ALVARIAN, pres. 4/29/97 282-8088

CR2E037 (9/96)