SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## N93000000244 **DOCUMENT#**

1. Corporation Name

EAST ORANGE SOCCER CLUB, INC.

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

Suite, Apt. #, etc.

:1

2. Principal Place of Business

Mailing Address

P O BOX 677185 ORLANDO FL 32867

2a. Mailing Address

Suite, Apt. #, etc.

26

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90062 006 \*\*\*\*61.25 07-09-1999 90002 042 \*\*\*\*61.25

584629 - 90002 - 42

Applied For



3. Date Incorporated or Qualifed 01/15/1993

4. FEI Number 59-3162619

.2				27				D9-3 1020 19	59-3162619			
City & State			<u> -'-</u>	City & State				a o create of State of Section of		\$8.75 A	dditional	
3			28					5. Certifcate of Status Desired		Fee Required-		
	Zip Country			Zip Co				6. Election Campaign Financing		\$5.00	May Be	
24	25 29				30			Trust Fund Contribution		Added to	Fées	
9. Name and Address of Current Registered Agent								10. Name and Address of New	Registered A	Agent		
						81 1	Name/	Danale Office	2			
MYERS, DONALD A. J						82 5	Street A	Address (P.O. Box Number is Not Accept				
116 AMERICA ST						7912 Montrelling TV.						
ORLANDO FL 32801						83						
0					·	04	- : <u></u>			85 Zip C	ode	
					i	84 (	City_	a/molo-	FL	<b>3</b> 2	٣٤٢	
11. Pursuant t	to the provisions	of Sections 617.05	02 and (	617.1508, Florida Statutes	, the ab	ove-n	named (	corporation submits this statement for the	e purpose of	changing its	registered	
office or re	egistered agent.	or both, in the Stat	e of Flori	ida. Such change was aut f, Section 617.0503, Florid	honzed	by the	e corpo	pration's board of directors. I hereby acce	opt the appoir	ntment as reg	jistered	
•	iii iaiiiiiai wayi, a	and accounted only	901111111111111111111111111111111111111	1, 000a011 0 17,00000, 110110	claiu				7/1	,199		
SIGNATURE	Signature, typed or pri	nted name of registered as	ent and title	if applicable. (NOTE: R	egistered A	Agent si	gnature re	equired when reinstating)	DATE	<del>'                                    </del>		
12.	OFFICERS AND DIRECTORS							ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD		OELETE	1.1 TM	LE		President   Director		Change (	☐ Addition		
NAME	ALVARIAN, MAJID					1.2 NAME		AND DUM	<b>-</b> .			
STREET ADDRESS	ACCO DELANO DE					REET AL	ODRESS	1912 montrome Tro	11			
CITY-ST-ZIP	ORLANDO F		1.4 CITY-ST-ZIP			Onardo FI 32825						
TITLE	VP DELETE							Vice Presidenti Dir	octor	Change	☐ Addition	
NAME	MYERS, DONALD A				2.2 NAME			Pairo Rendon	2014			
STREET ADDRESS	116 AMERIC				2.3 STF	REET AL		914 Tectro ct				
CITY-ST-ZIP	ORLANDO F				2.4 CF	TY-ST-Z		OF 100 do F1 32807				
TITLE	TD			☐ DELETE	3.1 TITLE			Trecsurer		Change	☐ Addition	
NAME	LOY. DENISE			_	3.2 NAM	ME .		halie Dhud		- <u></u>		
STREET ADDRESS	300 N GOLD				3.3 STF	REETAL	DORESS	1912 montezume T	rail			
CITY-ST-ZIP	ORLANDO F					TY-ST-Z	- 1	Oriendo, Fl. 3282				
TITLE	SD			☐ DELETE	4.1 TITI			Ken Pruitt 10 irecte	2	Change Change	☐ Addition	
NAME	ALVARIAN.	IACKIF			4. 2 NA	ME		secretory				
STREET ADDRESS	8239 DEMIN				4.3 STF	REET AL	DORESS	10054 Chestuat Dr.				
CITY-ST-ZIP	ORLANDO F				44 CIT	Y-ST-Z		orlando, F1. 32812				
TITLE	511 <u>2</u> 112 0 1			☐ DELETE	5.1 TIT			27 34 160		Change	☐ Addition	
NAME					5.2 NA	ME						
STREET ADDRESS					5.3 STF	REETAL	DORESS					
CITY-ST-ZIP					5.4 CIT	Y-ST-Z	OIP					
TITLE				☐ DELETE	6.1 TITL	LE				Change	Addition	
NAME				•	6.2 NA	ME	1					
STREET ADDRESS					6.3 STF	REET AL	ODRESS					
CITY-ST-ZIP						Y-ST-Z	- 1					
14. I hereby c	ertify that the inf	formation supplied	with this	filing does not qualify for t	he exen	notion	stated	I in Section 119.07(3)(i), Florida Statutes	. I further cer	tify that the ir	formation	

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: