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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

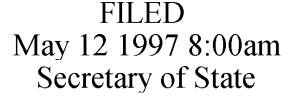
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #
1. Corporation Name

N93000001843 (2)

BREVARD CRUSH SOCCER CLUB, INC.





| Principal Place of Business Mailing Address 3540 QUAIL TRAIL 3540 QUAIL TRAIL MELBOURNE FL 32935 MELBOURNE FL 32935-4725 | | | | | *************************************** | | | | |
|---|--|--|-------------------------------|--|---|--|---|-----------------------|---------------|
| | | | | | | 3. Date incorporated or Qualified 04/26/1993 | 3a. D | 05/01/19 | |
| 2. Principal Place of Business 2a. Mailing Add | | | 38 | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | | 59-3179111 | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional equired | |
| City & State | 8 | City & State | | | | 6. Election Campaign Financing | | \$5.00 | ·· |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Country | | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 24 | 25 29 9. Name and Address of Current Registered Agent | | 30 | [30] | | Florida Statutes Lj Yes PS No 10. Name and Address of New Registered Agent | | | |
| | 5, Namo and Address of Com | int Hogistered Agent | | 81 | Name | IV. Hallo and Address VI from the | giatered | - gon | |
| DINHO, ARESTIDES M JR | | | | 62 Street Address (P.O. Box Number is Not Accept | | | inhto) | | |
| | RTH WICKHAM ROAD | | | | Straet Voore | iss (F.O. Box Number is Not Acceptate | , | | |
| MELBOU | URNE FL 32935 | • | | 83 | | i e | | | |
| | | | | 84 | City | | F 1 | 85 Zip | Code |
| 44.6 | 40-5-017-01 | 00 012 1600 Files 01-1 | | ĻĻ | | pration submits this statement for the p | FL | 11 | |
| agent. I a | m familiar with, and accept the obti- Signature typed or printed name of registered a | gations of, Section 617.0503, I gent and title if applicable. (N | Florida Sta OTE: Registere | tutes. | · | on's board of directors. I hereby accept d when reinstating) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| TITLE | PD ADECTIONS MAIN | ☐ DELETE | 1.1 T | | | • | | Change | ☐ Addition |
| NAMÉ | DINHO, ARESTIDES M JR 3540 QUAIL TRAIL | | 1.2 N | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | MELBOURNE FL 32935 | | | | DDRESS | | | | |
| TITLE | VD | DELETE | 2.1 T | ITY-ST | - 4 8 | · · · · · · · · · · · · · · · · · · · | ··········· | Change | Addition |
| NAME | LANE, NICK | _ | 2.2 N | IAME | - | | | - | |
| STREET ADDRESS | 238 TRELL TERRACE | | 2.3 S | TREET A | DORESS | | | | |
| CITY-ST-7IP | PALM BAY FL | | 2, 4 (| CITY-ST | - ZIP | | | | |
| TITLE | STD | DELETE | DELETE 3.1 To | | | | | Change | Addition |
| NAME | DINHO, ELAINE B | | 3.2 N | IAME | ļ | | | | |
| STREET ADDRESS | 3540 QUAIL TRAIL | | | | DDRESS | | | | |
| DITY-SY-ZIP | MELBOURNE FL 32935 | DELETE | | CITY-ST | -ZIP | | | T Change | Antalui |
| TITLE NAME | | FT DETER | 4.1 1 | iile Name | | | | Change | L] Addition |
| STREET ADDRESS | | | | | DDRESS | | | | : |
| CITY-ST-ZIP | | | | HEEL A | ŀ | | | | |
| TITLE | | ☐ DELETE | 5.1 1 | ************* | - h.'' | ······································ | *************************************** | Change | Addition |
| NAME | | • | | IAME | | | | • | |
| STREET ADDRESS | | | | | DORESS | | | | |
| CHTY-ST-ZIP | | | | HTY-ST | - 1 | | | | |
| TITLE | | ☐ DELETE | 6.1 T | | | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| NAME | | | 6.2 N | IAME | | | | | |
| STREET ADDRESS | | | 6.3 S | TREET A | DORESS | | | | |
| CITY-ST-ZIP | | | 6.4 0 | ITY-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: