

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000003354 (7)

1. Corporation Name

EVERGLADES YOUTH SOCCER ORGANIZATION, INC.



Principal Place of Business

14220 SW 136TH ST  
MIAMI FL 33186

Mailing Address

14220 SW 136TH ST  
MIAMI FL 33186

3. Date Incorporated or Qualified  
07/07/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 17700 SW 154th ST

26 17750 SW 154th ST

4. FEI Number  
65-0504661

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MIAMI FLA

MIAMI FLA

24 Zip

25 Country

29 Zip

30 Country

33187

USA

33187

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LALLY, MICHAEL M  
14220 SW 136TH ST  
MIAMI FL 33186

81 Name

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

17750 SW 154th ST

83

84 City MIAMI

FL

85 Zip Code 33187

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

3-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME LALLY, VIRGINIA V  
STREET ADDRESS 14220 SW 136TH ST  
CITY-ST-ZIP MIAMI FL 33186 ☐ DELETE

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

TITLE DS  
NAME CONCEPCION, NORKA  
STREET ADDRESS 15382 SW 152ND ST  
CITY-ST-ZIP MIAMI FL 33187 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT  
NAME PRENAT, DANIAL PRENAT  
STREET ADDRESS 9900 SW 77TH DR  
CITY-ST-ZIP MIAMI FL 33175 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME KLOCK, JOSEPH P JR  
STREET ADDRESS 200 S BISCAYNE BLVD #4100  
CITY-ST-ZIP MIAMI FL 33131 ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96 305-255-0880

Date

Daytime Phone #

CR2E037 (12/95)