

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

7642

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -6 AM 8:43



BK 9/12/96

NONPROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002090 (7)

1. Corporation Name

JACKSONVILLE AREA WOMEN'S SOCCER CLUB, INC.

Principal Place of Business

3449 E HIDDEN LAKE DRIVE
JACKSONVILLE FL 32216

Mailing Address

3449 E HIDDEN LAKE DRIVE
JACKSONVILLE FL 32216

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
04/28/1995

3a. Date of Last Report

4. FEI Number

59-3243472

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

VISCARIELLO, RALPH T
3449 E HIDDEN LAKE DRIVE
JACKSONVILLE FL 32216

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 617.0502 and 617.1506, 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

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	VISCARIELLO, RALPH	
STREET ADDRESS	3449 E HIDDEN LAKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	DELETE
NAME	SHIRCLIFF, JAMES	
STREET ADDRESS	9056 RUNNYMEADE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	T	DELETE
NAME	RUFF, WILLIAM	
STREET ADDRESS	12944 PLANTERS CREEK CIRCLE S	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	S	DELETE
NAME	SPARKS, BARBARA	
STREET ADDRESS	14130 PLEASANT POINT LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D
1.2 NAME	Viscariello, Ralph
1.3 STREET ADDRESS	3449 E. Hidden Lake Dr
1.4 CITY-ST-ZIP	Jacksonville FL 32216
2.1 TITLE	MD
2.2 NAME	Viscariello, Rebecca
2.3 STREET ADDRESS	3449 E. Hidden Lake Dr
2.4 CITY-ST-ZIP	Jacksonville FL 32216
3.1 TITLE	T/D
3.2 NAME	Ruff, William
3.3 STREET ADDRESS	12944 Planters Creek Circle S
3.4 CITY-ST-ZIP	Jacksonville FL 32224
4.1 TITLE	S/D
4.2 NAME	Sanchez, Iris
4.3 STREET ADDRESS	11866 Seabury Pl
4.4 CITY-ST-ZIP	Jacksonville FL 32246
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph T Viscariello

8/1/96

Date

904-739-0730

Daytime Phone #

0001835

CR2E037 (3/96)