NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90195 045 ****61.25

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1. Corporation Name
ESCAROSA SOCCER LEAGUE, INC.

Principal Place of Business	Mailing Address
7985 GAWIN DRIVE PENSACOLA FL 32514	7985 GAWIN DRIVE PENSACOLA FL 32514

2. Principal Place of Business 21 9225 Woodrun Ct. 22 Suite, Apt. #, etc. 23 City & State: Pensacola, FL 24 Zip: 32514 25 Country: US	2a. Mailing Address 26 9225 Woodrun Ct. 27 Suite, Apt. #, etc. 28 City & State: Pensacola, FL 29 Zip: 32514 30 Country: US	3. Date Incorporated or Qualified 06/12/1995 4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHAMBERS, LEROY 7985 GAWIN DRIVE PENSACOLA FL 32514	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 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CHAMBERS, LEROY 7985 GAWIN DR PENSACOLA FL 32514	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Bill Fedowich 9225 Woodrun Ct. Pensacola, FL 32514	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MILHAM, DAN 4449 THOMASTOWN DR MILTON FL 32571	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President Bill Cross 7963 Beulah Rd. Pensacola, FL 32526	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KADEN, LARRY 3170 BENTON BLVD PACE FL 32571	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	~~Secretary~~ ~~Donna Kinsey~~ ~~6136 Saddle Club Rd.~~ ~~Pace, FL 32571~~	☐ Change ☒ Addition Delete
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

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 19 APRIL 99 (850) 595-4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #