


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002965 (0) 1. Corporation Name GREATER ARLINGTON SOCCER CLUB, INC.					
Principal Place of Business 6725 BUTTONTREE LANE JACKSONVILLE FL 32211			Mailing Address 3562 JACQUELINE DRIVE JACKSONVILLE FL 32277		
2. Principal Place of Business 21 11751 McCormick Rd Suite, Apt. #, etc. 22 City & State 23 Jax, FL 24 Zip 32225 25 Country USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/21/1995 4. FEI Number 59-3326220 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent DOYLE, WILLIAM E 1301 RIVERPLACE BLVD. SUITE 2000 JACKSONVILLE FL 32207			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 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	BERNARD, JOHN C				
STREET ADDRESS	6725 BUTTONTREE LANE				
CITY-ST-ZIP	JACKSONVILLE FL 32211				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HOLFINGER, JACQUELYN				
STREET ADDRESS	3562 JACQUELINE DRIVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	BAUGH, JEANNE				
STREET ADDRESS	5512 COPPEDGE AVENUE				
CITY-ST-ZIP	JACKSONVILLE FL 32277				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARVEY, DENNIS				
STREET ADDRESS	3555 REGERO ROAD				
CITY-ST-ZIP	JACKSONVILLE FL 32277				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HOLFINGER, GARY				
STREET ADDRESS	3562 JACQUELINE DRIVE				
CITY-ST-ZIP	JACKSONVILLE FL 32277				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	HARVEY, BONNIE				
STREET ADDRESS	3555 ROGERO ROAD				
CITY-ST-ZIP	JACKSONVILLE FL 32277				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP				
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP				
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP				
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP				
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP				
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP				
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.					
SIGNATURE: <i>Jacquelyn Holfinger</i> 4/18/98 (904) 744-5671					

CR2E037 (10/97)