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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003848 (7)**

1. Corporation Name

SOUTHEAST VOLUSIA SOCCER CLUB, INC.



Principal Place of Business	Mailing Address
4170 SAXON DRIVE NEW SMYRNA BEACH FL 32169	4170 SAXON DRIVE NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified
08/11/1995

4. FEI Number 31-1472273	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 1404 Beacon St.	26 1404 Beacon St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 New Smyrna Beach	27 New Smyrna Beach
City & State	City & State
23 FL	28 FL
Zip	Country
24 32169	25 USA
29 32169	30 USA

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	NA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERBERT, SHARON
4170 SAXON DRIVE
NEW SMYRNA FL 32169

81 Name	Dale Paternoster
82 Street Address (P.O. Box Number is Not Acceptable)	1404 Beacon St.
83 City	New Smyrna Bch
84 State	FL
85 Zip Code	32169

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 Dale Paternoster Dale Paternoster 4/2/98
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, SHARON	
STREET ADDRESS	4170 SAXON DRIVE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WROBEL, ROBERT	
STREET ADDRESS	2934 PIONEER TRAIL	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CRAIN, LORIE	
STREET ADDRESS	834 13TH AVENUE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WROBEL, BONNIE	
STREET ADDRESS	2934 PIONEER TRAIL	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dale Paternoster	
1.3 STREET ADDRESS	1404 Beacon St.	
1.4 CITY - ST - ZIP	New Smyrna Beach FL 32169	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elaing Cashman	
2.3 STREET ADDRESS	3411 Tamarind	
2.4 CITY - ST - ZIP	Edgewater FL 32141	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeanne Heifner	
3.3 STREET ADDRESS	4639 Tiawasse	
3.4 CITY - ST - ZIP	Edgewater FL 32141	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Linda Dahlquist	
4.3 STREET ADDRESS	2232 Magnolia Dr.	
4.4 CITY - ST - ZIP	New Smyrna Bch FL 32168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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: Dale Paternoster Dale Paternoster 3/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)