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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N95000005087 (0)

1. Corporation Name
LINCOLN BOYS SOCCER, INC.

Principal Place of Business / Mailing Address
~~822 E. LAFAYETTE STREET~~ 3838 Trojan Trail E. changed
~~SUITE F~~
~~TALLAHASSEE FL 32301~~ Tallahassee, FL 32311

3. Date Incorporated or Qualified: 10/27/1995
4. FEI Number: 59-3368093 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21: 3838 Trojan Trail
Suite, Apt. #, etc. — 22:
City & State — 23: Tallahassee, FL
Zip — 24: 32311 Country — 25: U.S.A.

2a. Mailing Address — 26: 2805 Shamrock N.
Suite, Apt. #, etc. — 27:
City & State — 28: Tallahassee, FL
Zip — 29: 32308 Country — 30: U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~MADDOX, ERIC J~~
~~822 E. LAFAYETTE STREET~~
~~SUITE F~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Miguel Olivella
82 Street Address (P.O. Box Number is Not Acceptable): 2805 Shamrock N.
83:
84 City: Tallahassee FL 85 Zip Code: 32308

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: [signature] Miguel Olivella 4/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KELLER, STEVE 5552 PIMLICO DR TALLAHASSEE FL 32308	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARTER, STEVE 5712 GRASSLAND RD TALLAHASSEE FL 32311	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAVIS, CLAIRE RT 7 BOX 838 TALLAHASSEE FL 32308	☐ 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	TD HEITMEYER, JEANNE 1242 MARCH RD TALLAHASSEE FL 32311	☐ 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

CR2E037 (10/97)

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: [signature] OR Steve Keller 4/21/98 893-3779