## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000005269 (3)

ISLAND SOCCER CLUB INC.

Principal Place of Business Mailing Address 800 MANATEE AVENUE WEST #211 600 MANATEE AVENUE WEST #211 HOLMES BEACH FL 34217 HOLMES BEACH FL 34217-1980 Incorporated or Qualified 10/15/1996 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0703027 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zıp Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCINTOSH, BRETT-82 Street Address (P.O. Box Number is Not Acceptable) 600 MANATEE AVENUE WEST #211 83 **HOLMES BEACH FL 34217** 84

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.

City

SIGNATURE	STETT MITTATOSL	STETT MITATOSL SAUDINGUL		4/49	411.90		
	Signature, typed or printed name of registered agent and title if app	Hicable. (NOTE: F	lagistered Agent signature	required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 22	
TITLE	President TREASURE	☐ DELETE	1.1 TITLE	PRESIDENT/T D.	Change	Addition	
NAME	Kevin Brod.		1.2 NAME	Keus R CASLOY			
STREET ADDRESS			1.3 STREET ADDRESS	R& 151 1630			
CITY-ST-ZIP			1.4 CITY-ST-ZIP	ANNAMALIA, F1. 34218			
TITLE	vier.	DELETE	2.1 TITLE	VP D.	☐ Change	Addition	
NAME			22 NAME	BRITMITATISK			
STREET ADDRESS			2.3 STREET ADDRESS	Hologes Beneg F1 34217			
CITY - S1 - ZIP			2.4 CITY-ST-ZIP	Hologes Beaux FI" 34217			
TITLE		☐ DELETE	31 TITLE	BANNY MITCHE DIR.	☐ Change	Addition	
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	SARASUTA, Fl. BYRBY			
CITY-ST-ZIP			3.4, City-St-ZiP	,			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	51 TITLE		Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE		Change	Addition	
NAME			6.2 NAME				
\$TREET ADDRESS			6.3 STREET ADDRESS				
CITY-S1.7IP			6.4 CITY_ST_7/P				

14. I do 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 cath; 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:

ER BALLER MY COMPLED

6-11-97

941-364-8002

Zip Code

**FILED** 

May 30 1997 8:00am

Secretary of State