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Mar 09 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 # **N96000005269 (3)**

1. Corporation Name

ISLAND SOCCER CLUB INC.

Principal Place of Business

Mailing Address

**600 MANATEE AVENUE WEST #211
HOLMES BEACH FL 34217**

**600 MANATEE AVENUE WEST #211
HOLMES BEACH FL 34217**



3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

65-0703027

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 5207 HARDEN ROAD

26 5207 HARDEN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bradenton FL

27 Bradenton FL

City & State

City & State

23 34209

28 34209

Zip

Country

Zip

Country

24

25 U.S.

29 34209

30 U.S.

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

10. Name and Address of New Registered Agent

**MCINTOSH, BRETT
600 MANATEE AVENUE WEST #211
HOLMES BEACH FL 34217**

81 Name

McIntosh Brett

82 Street Address (P.O. Box Number is Not Acceptable)

5207 Harden Rd.

83

Bradenton FL

84

City

FL

85

Zip Code

34209

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, 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 ☐ DELETE

NAME **PTD**

STREET ADDRESS **CASSIDY, KEVIN A**

CITY-ST-ZIP **P.O. BOX 1630 N/A**

ANN MARIA FL

TITLE ☐ DELETE

NAME **VPD**

STREET ADDRESS **MCINTOSH, BRETT**

CITY-ST-ZIP **603 MANATEE AVE WEST, #211**

HOLMES BEACH FL

TITLE ☐ DELETE

NAME **D**

STREET ADDRESS **METCHY, DANNY**

CITY-ST-ZIP **1610 N STATE BLVD.**

SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

34209 REQUIRED

3-1-98

748-8430

CR2E037 (10/97)