Applied For

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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600005269

ISLAND SOCCER CLUB INC.

Principal Place of Busin
5207 HARBOR RD
BRADENTON FL 34209

2. Principal Place of Business

US

Mailing Address

5207 HARBOR RD **BRADENTON FL 34209** 

2a. Mailing Address

26



02-27-1999 90051 002 \*\*\*\*70.00



3. Date Incorporated or Qualifed

10/15/1996

4. FEI Number

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	[[Арр	lied For
22		27			65-0703027	Not	Applicable
City & State		City & State		5. Certifcate of Status Desired \$8.75 Additional Fee Required			
23	Country	Zip	Country	<del>,</del>	6 Flating Compaign Financing	\$5.00	I Be
Zîp □	——————————————————————————————————————		_ ´	6. Election Campaign Financing Trust Fund Contribution		Added to	, ,
9. Name and Address of Current Registered Agent			iv	10. Name and Address of New Registered Agent			
	9. Name and Address of Current R	egisteren Agent	81	Name	The state of the s		
MCINTISH, BRETT				82 Street Address (P.O. Box Number is Not Acceptable)			
5207 HARBOR RD							
BRADENTON FL 34209				83			
				City		FL 85 Zip C	ode
office or r	egistered agent, or both, in the State of firm familiar with, and accept the obligation	Florida. Such change was aut is of, Section 617.0503, Florid	nonzed by da Statutes	the corporation	ration submits this statement for the purpor's board of directors. I hereby accept the a	appointment as reg	egistered istered
12.	Signature, typed or printed name of registered agent an OFFICERS AND I		13.	it signature required	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PTD	DELETE	1.1 TITLE			☐ Change	☐ Addition
	· ·-	<b></b>	1.2 NAME	1			ł
NAME	OAGOIDT, REVIEWA						1
STREET ADDRESS	1 .O. DOX 1000 11/A			TADORESS			İ
CITY-ST-ZIP	ANN MARIA FL			T- ZIP		Change	Addition
TITLE	VPD .	☐ DELETE	2.1 TITLE	\		(\sigma_1 \cdot \text{riange}	
NAME	MCTINTOSH, BRETT		2.2 NAME		2 . T . U . C . C . O . T		1
STREET ADDRESS	603 MANATEE AVE WEST, #211		2.3 STREE	TADDRESS 3 .	LOT HARBOR RD		ł
CITY-ST-ZIP	HOLMES BEACH FL		2. 4 CiTY-S	ST-ZIP	STADE TE~ , F1. 34209		
TITLE	D	☐ DELETE	31 TITLE		•	☐ Change	Addition
NAME	METCHY, DANNY	, `	3.2 NAME		1	-	
STREET ADDRESS	1610 N STATE BLVD.	_	3.3 STREE	TADDRESS			~ ⇒≕
CITY-ST-ZIP	SARASOTA FL		3.4. CITY-S	ST-ZIP			
TITLE		- DELETÉ	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME			•	
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition {
NAME			5.2 NAME				
STREET ADDRESS,			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	- $+$		Change	☐ Addition
NAME		<del>_</del>	6.2 NAME				ļ
			6.3 STREE	TADORESS			ŀ
STREET ADDRESS			6.4 CITY-S	1			
CITY-ST-ZIP	pertify that the information supplied with t	his filing does not gualify for t			ection 119.07(3)(i), Florida Statutes. I furthe	er certify that the in	formation

I nereby certify that the information supplied with this little does not qualify for the exemple stated in Section 15.07(5), house 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, with all other like empowered.

SIGNATURE:



1-15-98