AMOUNT DUE ON OR BEFORE 05/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

ACCOUNT NO. FHTC

$8 OCT 29 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0002256

DOCUMENT # N97000004580 (3)

1. Corporation Name

RIVERSIDE SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
1702 S. WASHINGTON AVE. TITUSVILLE FL 32780	1702 S. WASHINGTON AVE. TITUSVILLE FL 32780

3. Date Incorporated or Qualified: 08/11/1997

4. FEI Number: 59-3535641 ☒ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2380 KEISER CT	26 2380 KEISER CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TITUSVILLE FL	28 City & State: TITUSVILLE FL
24 Zip: 32780 25 Country: ~~USA~~	29 Zip: 32780 30 Country

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
EVANS, JOHN H 1702 S. WASHINGTON AVE. TITUSVILLE FL 32780	81 Name: NEIL WESTERBERG 82 Street Address (P.O. Box Number is Not Acceptable): 2380 KEISER CT 83 84 City: TITUSVILLE FL 85 Zip Code: 32780

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: NEIL WESTERBERG DIRECTOR 7-21-98
(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	D EVANS, JOHN H 1702 S. WASHINGTON AVE. TITUSVILLE FL 32780	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	~~SECRETARY~~ D MD NEIL WESTERBERG 2380 KEISER CT TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, BARBARA C 1702 S. WASHINGTON AVE. TITUSVILLE FL 32780	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~SECRETARY~~ MD DENISE WESTERBERG 2380 KEISER CT TITUSVILLE, FL 32780	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST ZIP	D MACK, KAREN L 1702 S. WASHINGTON AVE. TITUSVILLE FL 32780	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	~~ASSISTANT SECRETARY~~ D JEAN HOOK 715 FLOOD STREET FORT ST. JOHN, FL 32727	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	400002676884-702 -10/30/98-01066-001 *****61.25 *****61.25	☐ 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 (5/98)

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: 7-21-98 407-853-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #