


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90082 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N98000005561

1. Corporation Name

GAINESVILLE SELECT SOCCER CLUB, INC.

Principal Place of Business

10106 SW 37 PLACE
GAINESVILLE FL 32607

Mailing Address

10106 SW 37 PLACE
GAINESVILLE FL 32607

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suits, Apt. #, etc.		26 Suite, Apt. #, etc.		09/25/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3534719	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SAUSAMAN, D J				81 Name	
8518 SW 21 LANE				82 Street Address (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32607				83	
				84 City	
				85 Zip Code	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATERN, DWAYNE	1.2 NAME	
STREET ADDRESS	3525 NW 22 DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEWEY, BOB	2.2 NAME	
STREET ADDRESS	5714 SW 37 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, STEVE	3.2 NAME	
STREET ADDRESS	2707 NW 66 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DUSTIN	4.2 NAME	
STREET ADDRESS	1000 SW 62 BLVD APT 834	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAFRATE, NANCY	5.2 NAME	
STREET ADDRESS	10106 SW 37 PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99

Date

332-6121

Daytime Phone #

CR2E037 (11/98)