

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90181 027 \*\*\*\*61.25

**DOCUMENT # N99000005642**

1. Entity Name

**COCOA EXPO SOCCER CLUB, INC.**

Principal Place of Business

Mailing Address

**% MYRNA FOSTER**  
**500 FRIDAY ROAD**  
**COCOA FL 32926****% MYRNA FOSTER**  
**500 FRIDAY ROAD**  
**COCOA FL 32926**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3629933**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**FOSTER, MYRNA**  
**500 FRIDAY ROAD**  
**COCOA FL 32926**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MALONE, GILES	2315 SYKES CREEK DRIVE	MERRITT ISLAND FL 32953	<input type="checkbox"/>
VPD	FOSTER, MYRNA	3104 WINCHESTER DRIVE	COCOA FL 32926	<input type="checkbox"/>
STD	MASON, DAVID	500 FRIDAY RD	COCOA FL 32926	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 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

**MYRNA FOSTER**

Date

Daytime Phone #

**321-639-**  
**3976 X.23**

CR2E037 (9/01)