

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90276 048 ****61.25

DOCUMENT # N99000005642

1. Entity Name

COCOA EXPO SOCCER CLUB, INC.



Principal Place of Business

% MYRNA FOSTER
500 FRIDAY ROAD
COCOA FL 32926

Mailing Address

% MYRNA FOSTER
500 FRIDAY ROAD
COCOA FL 32926

10022652



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCOA FL

4. FEI Number 59-3629933

Applied For

Not Applicable

Zip

Country

Zip

Country

32926

USA

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

MYRNA FOSTER

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

3104 WINCHESTER DR.

City

COCOA

FL

Zip Code

32926

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Myrna M. Foster

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

(NOTE: Registered Agent signature required when reinstating)

2/3/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MALONE, GILES
STREET ADDRESS 2315 SYKES CREEK DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME FOSTER, MYRNA
STREET ADDRESS 3104 WINCHESTER DRIVE
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE STD
NAME MASON, DAVID
STREET ADDRESS 500 FRIDAY RD
CITY-ST-ZIP COCOA FL 32926 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE UPD
NAME Sim McHenry
STREET ADDRESS 160 Sablo Ave.
CITY-ST-ZIP COCOA FL 32926 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE STD
NAME SUSAN Lewis
STREET ADDRESS 3457 CONSTANCE ST.
CITY-ST-ZIP Titusville, FL 32796 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Myrna M. Foster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

321-504-9798

CR2E037 (10/02)