FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 AM 8:55

DOCUMENT # **P93000016044 (8)**

1. Corporation Name
PORT ST. JOHN SOCCER CLUB, INC.

Principal Place of Business	Mailing Address
4785 CINEMA ST COCOA FL 32927-3045 US	4785 CINEMA ST COCOA FL 32927-3045 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 5746 Ada. St.
22 Suite, Apt. #, etc.
23 City & State: Port St John Fl.
24 Zip: 32927
25 Country: U.S.

2a. Mailing Address
26 5746 Ada. St.
27 Suite, Apt. #, etc.
28 City & State: Port St John Fl.
29 Zip: 32927
30 Country: U.S.

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEAN, WALLACE A
4785 CINEMA ST
COCO FL 32927

10. Name and Address of New Registered Agent

81 Name: Gary M. Turner
82 Street Address (P.O. Box Number is Not Acceptable)
83 5746 Ada. St.
84 City: Port St John FL 85 Zip Code: 32927

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gary M. Turner President — 3-14-95
Signature of (type 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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	DEAN, WALLACE A	12 NAME	Gary M. Turner	
STREET ADDRESS	4785 CINEMA ST	13 STREET ADDRESS	5746 Ada. St.	
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP	Port St John FL. 32927	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary M. Turner — 3-14-95 — (407) work 867-7987 Home 636-2609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

042A00 FP