

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000016044 (8)

1. Corporation Name

PORT ST. JOHN SOCCER CLUB, INC.



Principal Place of Business

5746 ADA STREET
PORT ST. JOHN FL 32927
US

Mailing Address

5746 ADA STREET
PORT ST JOHN FL 32927
US

2. Principal Place of Business

2a. Mailing Address

21 5529 Flint Road
Suite, Apt. #, etc.

26 5529 Flint road
Suite, Apt. #, etc.

22 City & State

27 City & State

23 COCOA FLORIDA

28 COCOA FLORIDA

24 32927 25 U.S.A

29 32927 30 U.S.A

3. Date Incorporated or Qualified
02/24/1993

3a. Date of Last Report
06/12/1995

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

10. Name and Address of New Registered Agent

TURNER, GARY M
5746 ADA STREET
PORT ST. JOHN FL 32927

81 Name
GARY S FAIGA
82 Street Address (P.O. Box Number is Not Acceptable)
5529 FLINT ROAD
83
84 City
COCOA 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

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

(NOTE: Registered Agent's signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
TURNER, GARY M
5746 ADA STREET
PORT ST JOHN FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
P
GARY S FAIGA
5529 FLINT ROAD
COCOA FL 32927

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY - ST - ZIP
500001808135
-05/06/96--01015--021
***200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

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)(k), 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 S FAIGA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/1996 407-636-0951
DATE DATE OF FILING

CR2E034 (12/95)