

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 APR -9 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002101 (2)

1. Corporation Name
JACKSONVILLE SHARKS SOCCER YOUTH CLUB, INC.



Principal Place of Business Mailing Address
3320 ASHRIDGE DRIVE JACKSONVILLE FL 32225-1776

3. Date Incorporated or Qualified **04/25/1995** 3a. Date of Last Report
4. FEI Number **59-3313820** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, MEL G
3320 ASHRIDGE DRIVE
JACKSONVILLE FL 32225-1776**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. **3320 Ashridge Drive Jacksonville, FL 32225-1776**
84. City
85. Zip Code **FL**

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: *Mel G. Ward* **MEL G. WARD** DATE: **3-27-96**
Signature, typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Mel Ward
STREET ADDRESS		1.3 STREET ADDRESS	3320 Ashridge Drive
CITY- ST- ZIP		1.4 CITY- ST- ZIP	Jacksonville, FL 32225-1776
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Pamela Ward
STREET ADDRESS		2.3 STREET ADDRESS	3320 Ashridge Drive
CITY- ST- ZIP		2.4 CITY- ST- ZIP	Jacksonville, FL 32225-1776
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	William Doug Bridgers
STREET ADDRESS		3.3 STREET ADDRESS	13621 Picarsa Drive
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Darlene Williamson
STREET ADDRESS		4.3 STREET ADDRESS	2768 Stonehedge Ct. S.
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Jacksonville, FL 32224
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SP 119
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mel G. Ward* **MEL G. WARD** PRESIDENT DATE: **3-27-96** DAYTIME PHONE: **904-641-3444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)