

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

DOCUMENT # **N04404**

(2)

1. Corporation Name

EAU GALLIE SOCCER CLUB, INC.



Principal Place of Business

Mailing Address

P. O. BOX 362194
MELBOURNE FL 32934
US

P. O. BOX 362194
MELBOURNE FL 32934
US

3. Date Incorporated or Qualified
07/27/1984

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

32936

25

29

32936

30

4. FEI Number

59-2435505

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

**GARY MCGUIRE
2533 VILLAGE PARK DRIVE
MELBOURNE FL 32934**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **GRY MCGUIRE**
STREET ADDRESS **2533 VILLAGE PARK DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **AD** ☐ DELETE
NAME **JIM REYNOLDS**
STREET ADDRESS **1870 WHISPERING OAKS CIR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **S** ☐ DELETE
NAME **RICHARD FIOTO**
STREET ADDRESS **3437 SADDLE BROOK DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **T** ☒ DELETE
NAME **NATALIE MADDEN**
STREET ADDRESS **1737 DODGE CIRCLE, N.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Secretary** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Treasurer** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Assistant Director** ☐ Change ☒ Addition
5.2 NAME **Bruce Kitchen**
5.3 STREET ADDRESS **116 Orchid Blvd**
5.4 CITY-ST-ZIP **Melbourne, FL 32901**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

(407) 951-5118
Daytime Phone #

CR2E037 (12/95)