

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001820

FILED
Apr 29, 2005
Secretary of State

Entity Name: MOSLEY SOCCER BOOSTER CLUB, INC.

Current Principal Place of Business:

501 MOSLEY DR
LYNN HAVEN, FL 32444

New Principal Place of Business:

Current Mailing Address:

P O BOX 534
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 59-3637960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXLEY, LISA
1511 RHODE ISLAND AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

BASS, KATHY
4708 BAYWOOD DRIVE
LYNN HAVEN, FL 32444 US

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.

SIGNATURE: KATHY BASS

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BAXLEY, LISA
Address: 1511 RHODE ISLAND AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD () Delete
Name: BOTTOMS, CATHY
Address: 406 MOWAT SCHOOL RD.
City-St-Zip: LYNN HAVEN, FL 32444

Title: 1VPD () Delete
Name: WOOTEN, TERESA
Address: 356 FLOYD DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: 2VPD () Delete
Name: HICKMAN, SHELLEY
Address: 5441 NEHI ROAD
City-St-Zip: PANAMA CITY, FL 32405

Title: PD () Delete
Name: BROWNING, COLETTE
Address: 1713 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BASS, KATHY
Address: 4708 BAYWOOD DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD (X) Change () Addition
Name: PIERCE, MICHELLE
Address: 9907 INDIAN BLUFF ROAD
City-St-Zip: YOUNGSTOWN, FL 32466

Title: 1VPD (X) Change () Addition
Name: TREXLER, CINDA
Address: 1506 MASSACHUSETTS AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: 2VPD (X) Change () Addition
Name: MARTINI, TOM
Address: 2001 ARGYLL COURT
City-St-Zip: LYNN HAVEN, FL 32444

Title: PD (X) Change () Addition
Name: HICKMAN, SHELLEY
Address: 5441 NEHI ROAD
City-St-Zip: PANAMA CITY, FL 32404

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLEY HICKMAN

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date