


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001820 1. Entity Name MOSLEY SOCCER BOOSTER CLUB, INC.	
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Principal Place of Business 501 MOSLEY DR LYNN HAVEN, FL 32444	Mailing Address P O BOX 534 LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3637960	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BASS, KATHY 4708 BAYWOOD DRIVE LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PIERCE, MICHELLE 9907 INDIAN BLUFF ROAD YOUNGSTOWN, FL 32466
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VPD TREXLER, CINDA 1506 MASSACHUSETTS AVE. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VPD MARTINI, TOM 2001 ARGYLL COURT LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HICKMAN, SHELLEY 5441 NEHI ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/06-80021-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/10/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #