


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90113 023 ***150.00

| | | |
|---|--|---|
| DOCUMENT # N00000001820 | |  |
| 1. Entity Name MOSLEY SOCCER BOOSTER CLUB, INC. | | |

| | |
|--|--|
| Principal Place of Business 501 MOSLEY DR LYNN HAVEN, FL 32444 | Mailing Address P O BOX 534 LYNN HAVEN, FL 32444 |
|--|--|

00000003



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01102007 Chg-NP CR2E037 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3637960 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | | |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BASS, KATHY 4708 BAYWOOD DRIVE LYNN HAVEN, FL 32444 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BASS, KATHY 4708 BAYWOOD DRIVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TREASURER Bill Bass 4708 BAYWOOD DRIVE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PIERCE, MICHELLE 9907 INDIAN BLUFF ROAD YOUNGSTOWN, FL 32466 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SECRETARY MICHAEL MOON 104 CHELSEA LANE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VPD TREXLER, CINDA 1506 MASSACHUSETTS AVE. LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VPD ANDREA PERLES 4329 NORTSHORE RD LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD MARTINI, TOM 2001 ARGYLE COURT LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD MICHAEL FAUKENBERRY 2807 LONGLEAF ROAD PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HICKMAN, SHELLEY 5441 NEHI ROAD PANAMA CITY, FL 32404 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT TOM MARTINI 2001 ARGYLE COURT LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #