

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001820

FILED  
May 28, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: BASS, BILL  
Address: 4708 BAYWOOD DRIVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: 1VPD      ( ) Delete  
Name: PERLES, ANDREA  
Address: 4329 NORTHSHORE RD.  
City-St-Zip: LYNN HAVEN, FL 32444

Title: P      ( ) Delete  
Name: MARTINI, TOM  
Address: 2001 ARGYLE COURT  
City-St-Zip: LYNN HAVEN, FL 32444

Title: 2VPD      ( ) Delete  
Name: FAUKENBERRY, MICHAEL  
Address: 2807 LONGLEAF RD.  
City-St-Zip: PANAMA CITY, FL 32405

Title: S      ( ) Delete  
Name: MOON, MICHAEL  
Address: 104 CHELSEA LANE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BILL BASS

TD

05/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date