

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001820

FILED
Jun 09, 2009
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:

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

Name and Address of New Registered Agent:

MELVIN, CHRISTINA
4717 HALCYON DRIVE
PANAMA CITY, FL 32404 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: CHRISTINA MELVIN

06/09/2009

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 ARGYLL 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: TD (X) Change () Addition
Name: MELVIN, CHRISTINA
Address: 4717 HALCYON DR
City-St-Zip: PANAMA CITY, FL 32404

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

Title: P (X) Change () Addition
Name: UNDERHILL, SUSIE
Address: 4630 BAYWOOD DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: 2VPD (X) Change () Addition
Name: NIX, KIM
Address: 302 W. 34TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: S (X) Change () Addition
Name: GRAMMER, JOE
Address: 224 COVE TERRACE DR. S
City-St-Zip: PANAMA CITY, FL 32401

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: CHRISTINA MELVIN

TD

06/09/2009

Electronic Signature of Signing Officer or Director

Date