

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006914

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** FORT WHITE HIGH SCHOOL SOCCER BOOSTERS, INC.

**Current Principal Place of Business:**

FORT WHITE HIGH SCHOOL  
RT 4 BOX 1100  
FORT WHITE, FL 32038

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2246  
LAKE CITY, FL 320562246

**New Mailing Address:**

**FEI Number:** 59-3681385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYDEN, PAM  
1735 NW FRONTIER DR  
LAKE CITY, FL 32055 US

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

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: DP ( ) Delete  
Name: BOWIE, STEVE  
Address: 5796 SW ICHETUCKNEE AVE  
City-St-Zip: FT. WHITE, FL 32038

Title: DV ( ) Delete  
Name: HAYDEN, PAM  
Address: 1735 NW FRONTIER DR.  
City-St-Zip: LAKE CITY, FL 32055

Title: DS ( ) Delete  
Name: COLLINS, JILL  
Address: 933 SW MARY TERRACE  
City-St-Zip: LAKE CITY, FL 32024

Title: DT ( ) Delete  
Name: FINLEY, COLLEEN  
Address: RT 2 BOX 1637 / 268 SW FINLEY GLEN  
City-St-Zip: LAKE CITY, FL 32024

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

Title: DP (X) Change ( ) Addition  
Name: FINLEY, M. DAVID  
Address: 268 SW FINLEY GLN  
City-St-Zip: LAKE CITY, FL 32024

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

Title: DS (X) Change ( ) Addition  
Name: MAHONEY, ANNETTE  
Address: PO BOX 2842  
City-St-Zip: LAKE CITY, FL 32056

Title: DT (X) Change ( ) Addition  
Name: FINLEY, COLLEEN  
Address: 268 SW FINLEY GLEN  
City-St-Zip: LAKE CITY, FL 32024

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: COLLEEN E. FINLEY

DT

04/25/2005

Electronic Signature of Signing Officer or Director

Date