

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N000000Q6914**

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



Principal Place of Business  
**FORT WHITE HIGH SCHOOL  
17828 STATE ROAD 47  
FORT WHITE, FL 32038**

Mailing Address  
**POST OFFICE BOX 904  
FORT WHITE, FL 32038**

**DO NOT WRITE IN THIS SPACE**



05032007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3681385**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ONORATI, JUDITH A  
198 SW STILLVIEW GLEN  
FORT WHITE, FL 32038**

**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: *Judith A Onorati* *Judith A Onorati* *Sept. 1, 2007*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ONORATO, JUDITH
STREET ADDRESS	POST OFFICE 904
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	V
NAME	LEWIS, BRIAN
STREET ADDRESS	POST OFFICE BOX 904
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	S
NAME	LEWIS, DANETTE
STREET ADDRESS	POST OFFICE BOX 904
CITY-ST-ZIP	FORT WHITE, FL 32028
TITLE	DT
NAME	BLANCHARD, KAREN
STREET ADDRESS	POST OFFICE 904
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	T
NAME	BIRD, ANGIE
STREET ADDRESS	POST OFFICE BOX 904
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000773877  
09/13/07-80003-008 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: *Karen Blanchard* *Karen Blanchard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/1/07* *1623-3079*  
Date Daytime Phone #