


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90198 025 ****61.25

| | |
|--|---|
| DOCUMENT # N00000007831 |  |
| 1. Entity Name THE BOYS' SOCCER BOOSTER CLUB, INC. | |

| | |
|---|--|
| Principal Place of Business 14075 KEN AUSTIN PKWY. BROOKSVILLE, FL 34613 | Mailing Address 4287 BELLAIRE DR. SPRING HILL, FL 34607 |
|---|--|

| | | | |
|---------------------------------------|--|---------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Zip | |
| Country | | Country | |



05112005 Chg-NP CR2E037 (10/03)

| | |
|------------------------------------|---|
| 4. FEI Number 59-3686684 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| NICOLAI, KAREN 4287 BELLAIRE DR. SPRING HILL, FL 34607 | |

| | |
|---|---------------------------------------|
| 7. Name and Address of New Registered Agent | |
| Name <u>Denise Ressel</u> | |
| Street Address (P.O. Box Number is Not Acceptable) <u>5127 Shoal Line Blvd.</u> | |
| City <u>Spring Hill</u> | State <u>FL</u> Zip Code <u>34607</u> |

| | | |
|--|---------------------------------------|-------------|
| 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 <u>Denise Ressel</u> | DATE |
|--|---------------------------------------|-------------|

| | | | |
|---|--|------------------------------------|--|
| Filing Fee is \$61.25 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | P <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOREMAN, SUSAN | NAME | |
| STREET ADDRESS | 4201 TAMPICO TR | STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HILL, FL 34607 | CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCDONALD, SUSAN | NAME | |
| STREET ADDRESS | 12279 FILLMORE ST | STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HILL, FL 34609 | CITY-ST-ZIP | |
| TITLE | TD <input checked="" type="checkbox"/> OK | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICOLAI, KAREN | NAME | |
| STREET ADDRESS | 4287 BELLAIRE DR. | STREET ADDRESS | |
| CITY-ST-ZIP | SPRING HILL, FL 34607 | CITY-ST-ZIP | |
| TITLE | VS <input type="checkbox"/> Delete | TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RESSEL, DENISE | NAME | |
| STREET ADDRESS | 5129 SHOAL LINE BLVD | STREET ADDRESS | 5127 Shoal Line Blvd. |
| CITY-ST-ZIP | HERNANDO BEACH, FL 34607 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Nancy Price |
| STREET ADDRESS | | STREET ADDRESS | 2105127 Shoal Line Blvd |
| CITY-ST-ZIP | | CITY-ST-ZIP | Hernando Beach, FL 34607 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

| | |
|--|--------------------------------|
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Karen Nicolin</u> | DATE: <u>5/11/05</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Daytime Phone #</small> |