6/19/2002-90929-(

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Secretary of State
06-19-2002 90929 019 ****70.00

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # (59-3737052) N02000006709

1. Entity Name

Mosley Chorol Boosters INC

DO NOT WRITE IN THIS SPACE

38624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO Box 15425 Suite, Apt. #, etc.
City & State	City & State: Panama City Fl.
Zip / Country	Zip: 32406 / Country: USA

4. FEI Number: 59-3737052 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jamette Minchew

Street Address (P.O. Box Number is Not Acceptable): 8118 Cherokee St.

City: Youngstown FL Zip Code: 32466

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.

SIGNATURE: Jamette Minchew President Jamette Minchew 5/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: President / Director NAME: Jamette Minchew STREET ADDRESS: 8118 Cherokee St CITY-ST-ZIP: Youngstown Fl. 32466	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice-President / Director NAME: Jeanne Wilson STREET ADDRESS: 6350 Oak Knoll Rd CITY-ST-ZIP: Panama City Fl. 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Treasurer / Director NAME: April White STREET ADDRESS: 2633 Lisery Rd CITY-ST-ZIP: Panama City Fl. 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Secretary NAME: Wanda Roulerson STREET ADDRESS: 3706 W 21st St CITY-ST-ZIP: Panama City Fl. 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jamette Minchew President Jamette Minchew 5/5/02 (850) 769-7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #