FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14827 (2)

1. Corporation Name
MILTON SOCCER BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
100 HIDDENBROOK PLACE MILTON FL 32570	100 HIDDENBROOK PLACE MILTON FL 32570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2701440 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5175 Hiddenbrook Pl.	26 5175 Hiddenbrook Pl.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Milton, FL 32570	28 City & State: Milton, FL
24 Zip: 32570 25 Country: USA	29 Zip: 32570 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

OTTLEY, KAY
100 HIDDENBROOK PLACE
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5175 Hiddenbrook Pl
83
84 City: Milton, FL 85 Zip Code: 32570

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 10 March 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HUTCHERSON, ROY	1.2 NAME	SANBORN, LINDA
STREET ADDRESS	P.O. BOX 289 N/A	1.3 STREET ADDRESS	5687 Hamilton Bridge Rd.
CITY-ST-ZIP	BAGDAD FL	1.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	VD	2.1 TITLE	VD ☐ Change ☒ Addition
NAME	SANBORN, LINDA	2.2 NAME	WILLIAMS, DEBBIE
STREET ADDRESS	5687 HAMILTON BRIDGE RD	2.3 STREET ADDRESS	5574 Debbie Drive
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	SD	3.1 TITLE	SD ☐ Change ☒ Addition
NAME	KASSINGER, MARGE	3.2 NAME	CROSSWELL, ARTHUR
STREET ADDRESS	2026 PINE BLOSSOM RD	3.3 STREET ADDRESS	805 Sunnyside Drive
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	MIlton, FL 32570
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TYNES, LARRY	4.2 NAME	No Change
STREET ADDRESS	6454 ARINGWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	OTTLEY, KAY	5.2 NAME	OTTLEY, KAY
STREET ADDRESS	100 HIDDEN BROOK PLACE	5.3 STREET ADDRESS	5175 Hiddenbrook PL.
CITY-ST-ZIP	MILTON FL	5.4 CITY-ST-ZIP	Milton, FL 32570
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	GARNER, JOEL	6.2 NAME	MOONEY, RENEE
STREET ADDRESS	8 ANDROMEDA DRIVE.	6.3 STREET ADDRESS	7488 Pine Lake Circle
CITY-ST-ZIP	MILTON FL 32530	6.4 CITY-ST-ZIP	Milton, FL32570

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kay Ottley 10 March 95 904/626-1358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kay Ottley

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