

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14827 (2)

1. Corporation Name
MILTON SOCCER BOOSTER CLUB, INC.



Principal Place of Business
**5175 HIDDENBROOK PL.
MILTON FL 32570
US**

Mailing Address
**5175 HIDDENBROOK PL.
MILTON FL 32570
US**

3. Date Incorporated or Qualified
05/09/1986

3a. Date of Last Report
03/15/1995

21	2. Principal Place of Business 47 Star Hill Drive	22	2a. Mailing Address 47 Star Hill Drive
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
23	City & State Milton, Florida	27	City & State Milton, Florida
24	Zip 32570	25	Country USA
29	Zip 32570	30	Country USA

4. FEI Number
59-2701440

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

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

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
5175 HIDDENBROOK PL.
MILTON FL 32570**

10. Name and Address of New Registered Agent

81 Name
MARTHA SZYMONIAK

82 Street Address (P.O. Box Number is Not Acceptable)
47 Star Hill Drive

83

84 City
Milton

85 Zip Code
FL 32570

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Martha Szymoniak* **Martha Szymoniak** **30 April 96**

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANBORN, LINDA	
STREET ADDRESS	5687 HAMILTON BRIDGE RD.	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANBORN, LINDA	
STREET ADDRESS	5687 HAMILTON BRIDGE RD	
CITY-ST-ZIP	MILTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KASSINGER, MARGE	
STREET ADDRESS	2026 PINE BLOSSOM RD	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TYNES, LARRY	
STREET ADDRESS	6454 ARINGWOOD DR.	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OTTLEY, KAY	
STREET ADDRESS	5175 HIDDENBROOK PL.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARNER, JOEL	
STREET ADDRESS	8 ANDROMEDA DRIVE.	
CITY-ST-ZIP	MILTON FL 32530	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sanborn, Linda	
1.3 STREET ADDRESS	5687 Hamilton Bridge Road	
1.4 CITY-ST-ZIP	Milton, FL 32570	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Debbie Williams	
2.3 STREET ADDRESS	328 Debbie Drive	
2.4 CITY-ST-ZIP	Milton, FL 32570	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Patricia Holtman	
3.3 STREET ADDRESS	5903 Pamela Drive	
3.4 CITY-ST-ZIP	Milton, FL 32570	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Martha Szymoniak	
4.3 STREET ADDRESS	47 Star Hill Drive	
4.4 CITY-ST-ZIP	Milton, FL 32570	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tamara Elrite	
5.3 STREET ADDRESS	11351 Cross Street	
5.4 CITY-ST-ZIP	Milton, FL 32583	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jennifer Hughes	
6.3 STREET ADDRESS	6272 Jay's Way	
6.4 CITY-ST-ZIP	Milton, FL 32570	

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)(k), 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: *Martha Szymoniak* **Martha Szymoniak** **30 April 96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)