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Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

47 STAR HILL DR
MILTON FL 32570
US

Mailing Address

47 STAR HILL DR
MILTON FL 32570-3714
US3. Date Incorporated or Qualified
05/09/19863a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 47 Star Hill Dr

2a. Mailing Address

26 47 Star Hill Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Milton Florida

28 Milton Florida

Zip

Country

Zip

Country

24 32570

25 USA

29 32570

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SZYMONIAK, MARTHA
47 STAR HILL DRIVE
MILTON FL 32570

81 Name

Martha Szymoniak

82 Street Address (P.O. Box Number is Not Acceptable)

47 Star Hill Dr

83

84 City

Milton

FL

85 Zip Code

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

3-8-97

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	<input type="checkbox"/> DELETE
NAME	SANBORN, LINDA	
STREET ADDRESS	5687 HAMILTON BRIDGE RD.	
CITY-ST-ZIP	MILTON FL 32570	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DEBBIE	
STREET ADDRESS	328 DEBBIE DRIVE	
CITY-ST-ZIP	MILTON FL 32570	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HOLTMAN, PATRICIA	
STREET ADDRESS	5903 PAMELA DRIVE	
CITY-ST-ZIP	MILTON FL 32570	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SZYMONIAK, MARTHA	
STREET ADDRESS	47 STAR HILL DRIVE	
CITY-ST-ZIP	MILTON FL 32570	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELRITE, TAMARA	
STREET ADDRESS	11351 CROSS STREET	
CITY-ST-ZIP	MILTON FL 32583	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, JENNIFER	
STREET ADDRESS	6272 JAY'S WAY	
CITY-ST-ZIP	MILTON FL 32570	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074418

CR2E037 (9/96)