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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14827** (2)

1. Corporation Name

MILTON SOCCER BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**47 STAR HILL DR
MILTON FL 32570
US**

**47 STAR HILL DR
MILTON FL 32570
US**



3. Date Incorporated or Qualified

05/09/1986

4. FEI Number

59-2701440

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

83

84 City

FL

85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable

MARTHA SZYMONIAK

3-25-98

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 32570	

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

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

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

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

TITLE	D	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> ADDITION
NAME	Susan Allen	
STREET ADDRESS	6161 Katrina Drive	
CITY-ST-ZIP	Milton, FL 32570	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Jeffrey Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5741 Hermitage Circle	
1.3 STREET ADDRESS	Milton, FL 32570	
1.4 CITY-ST-ZIP		

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

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

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

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

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 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: *Martha Szymoniak* **MARTHA SZYMONIAK** **3-25-98** **9806**

CR2E037 (10/97)