

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90243 006 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N14827**

1. Corporation Name

**MILTON SOCCER BOOSTER CLUB, INC.**

Principal Place of Business

**47 STAR HILL DR 4950 Ducks Roost**  
**MILTON FL 32570**  
**US**

Mailing Address

**47 STAR HILL DR 4950 Ducks Roost**  
**MILTON FL 32570**  
**US**



2. Principal Place of Business

**21**  
 Suite, Apt. #, etc.

**23**  
 City & State

**24** Zip **25** Country

2a. Mailing Address

**26** **4950 Ducks Roost**  
 Suite, Apt. #, etc.

**28** City & State

**29** Zip **30** Country

3. Date Incorporated or Qualified

**05/09/1986**

4. FEI Number

**59-2701440**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

**SZYMONIAK, MARTHA**  
~~**47 STAR HILL DRIVE**~~  
**MILTON FL 32570**

10. Name and Address of New Registered Agent

**81** Name

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

**4950 Ducks Roost**

**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**

**3-8-99**

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** ☒ DELETE  
 NAME **SANBORN, LINDA**  
 STREET ADDRESS **5687 HAMILTON BRIDGE RD.**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ DELETE  
 NAME **JOHNSON, JEFFREY**  
 STREET ADDRESS **5741 HERMITAGE CIR**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **SD** ☒ DELETE  
 NAME **HOLTMAN, PATRICIA**  
 STREET ADDRESS **5903 PAMELA DRIVE**  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **TD** ☐ DELETE  
 NAME **SZYMONIAK, MARTHA**  
 STREET ADDRESS ~~**47 STAR HILL DRIVE**~~  
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** ☒ DELETE  
 NAME **ELRITE, TAMARA**  
 STREET ADDRESS **11351 CROSS STREET**  
 CITY-ST-ZIP **MILTON FL 32583**

TITLE **D** ☐ DELETE  
 NAME **ALLEN, SUSAN**  
 STREET ADDRESS **6151 KATRINA DR**  
 CITY-ST-ZIP **MILTON FL 32570**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
 1.2 NAME **CRAIG WOOLARD**  
 1.3 STREET ADDRESS **5721 LORING DR.**  
 1.4 CITY-ST-ZIP **MILTON, FL 32583**

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition  
 3.2 NAME **KIM KUTCH**  
 3.3 STREET ADDRESS **5712 VERNAL WAY**  
 3.4 CITY-ST-ZIP **MILTON FL 32570**

4.1 TITLE **TD** ☒ Change ☐ Addition  
 4.2 NAME **SZYMONIAK, MARTHA**  
 4.3 STREET ADDRESS **4950 DUCKS ROOST**  
 4.4 CITY-ST-ZIP **MILTON FL 32570**

5.1 TITLE **VD** ☐ Change ☒ Addition  
 5.2 NAME **TOMMY HODGSON**  
 5.3 STREET ADDRESS **5695 RUSSELL DRIVE**  
 5.4 CITY-ST-ZIP **MILTON FL 32570**

6.1 TITLE **D** ☐ Change ☒ Addition  
 6.2 NAME **CINDY SANBORN**  
 6.3 STREET ADDRESS **B: Box 666**  
 6.4 CITY-ST-ZIP **Bagdad, FL 32530**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-99** **850-626-9806**  
 Date Daytime Phone #

CR2E037 (11/98)