

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RMSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23645 (7)

1. Corporation Name

BUCHHOLZ SOCCER BOOSTERS, INC.

Principal Place of Business

5510 NW 27TH AVENUE
GAINESVILLE FL 32608

Mailing Address

3452 NW 13TH AV
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1987

3a. Date of Last Report

09/12/1994

4. FBI Number

NOT APPLICABLE

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1227 NW 5TH TER.

GAINESVILLE FL 32605

32605

U.S.A.

9. Name and Address of Current Registered Agent

BOSTWICK, ROBERT
3452 NW 13TH AVE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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

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
NAME	BRYANT, WILEY
STREET ADDRESS	5617 NW 45TH DR
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VD
NAME	HUMPHREYS, JAY
STREET ADDRESS	8430 SW 1ST PL
CITY - ST - ZIP	GAINESVILLE FL
TITLE	SD
NAME	RIORDAN, LAURIE
STREET ADDRESS	7608 SW 6TH PL
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	BOSTWICK, ROBERT
STREET ADDRESS	3468 NW 11TH AV
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☐ Change ☒ Addition
1.2 NAME	MOTT, CINDY	
1.3 STREET ADDRESS	1649 S.W. 77 TER.	
1.4 CITY - ST - ZIP	GAINESVILLE FL 32607	
2.1 TITLE	ID	☒ Change ☒ Addition
2.2 NAME	WHITE, MELINDA	
2.3 STREET ADDRESS	1227 NW 5TH TER.	
2.4 CITY - ST - ZIP	GAINESVILLE, FL 32605	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

ROBERT BOSTWICK

6/9/95

9043709137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Number