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FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N23645 (7)

1. Corporation Name

BUCHHOLZ SOCCER BOOSTERS, INC.

Principal Place of Business

Mailing Address

5510 NW 27TH AVENUE
GAINESVILLE FL 32606

~~1227 NW 51ST TER~~
~~GAINESVILLE FL 32605-4429~~

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 621 N.W. 55th Street

22 City & State

27 Gainesville, Florida

23 Zip Country

28 32607 Alachua

24 25

29 30

3. Date Incorporated or Qualified
11/30/1987

3a. Date of Last Report
03/15/1996

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WHITE, MELINDA~~
~~1227 NW 51 TERR.~~
~~GAINESVILLE FL 32605~~

81 Name
Jacquelyn B. McDonald

82 Street Address (P.O. Box Number is Not Acceptable)
621 N.W. 55th Street

83

84 City Gainesville FL 85 Zip Code 32607

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 *Jacquelyn B. McDonald*

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

(NOTE: Registered Agent signature required when reinstating)

DATE July 15, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME COOPER, CLEVE
STREET ADDRESS 5810 SW 88 CT.
CITY-ST-ZIP GAINESVILLE FL 32608

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME FRAGGOS, GEORGE
STREET ADDRESS 2124 SW 75 TERR.
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE ~~TD~~ ☒ DELETE
NAME ~~WHITE, MELINDA~~
STREET ADDRESS ~~1227 NW 51ST TER~~
CITY-ST-ZIP ~~GAINESVILLE FL 32605~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~VD~~ ☒ DELETE
NAME ~~LOSE, MARIAN~~
STREET ADDRESS ~~8808 SW 42 PLACE~~
CITY-ST-ZIP ~~GAINESVILLE FL 32608~~

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME MARTINO, DEBBIE
STREET ADDRESS 11618 NW 8 LANE
CITY-ST-ZIP GAINESVILLE FL 32608

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME SWANSON, ED
STREET ADDRESS 8108 NW 1 PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

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 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.

CR2E037 (9/96)