

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
5510 NW 27TH AVENUE
GAINESVILLE FL 32606

Mailing Address
~~621 NW 55TH STREET~~
GAINESVILLE FL 32607
~~US~~

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 5610 SW 88 Court 27 Suite, Apt. #, etc. 28 Gainesville, FL 29 32608 30 USA
--	--

3. Date Incorporated or Qualified 11/30/1987	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MCDONALD, JACQUELYN B
621 NW 55TH STREET
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent 81 Name COOPER, CLEVE 82 Street Address (P.O. Box Number is Not Acceptable) 5610 SW 88 COURT 83 84 City GAINESVILLE 85 Zip Code FL 32608
--

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 Cleve Cooper, As President DATE 6/14/98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	COOPER, CLEVE
STREET ADDRESS	5610 SW 88 CT.
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	VD <input type="checkbox"/> DELETE
NAME	FRAGGOS, GEORGE
STREET ADDRESS	2124 SW 75 TERR.
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, JACQUELYN B
STREET ADDRESS	621 NW 55TH STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, BARBARA
STREET ADDRESS	5003 NW 46TH PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MARTINO, DEBBIE
STREET ADDRESS	14618 NW 8 LANE
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SWANSON, ED
STREET ADDRESS	8408 NW 4 PLACE
CITY-ST-ZIP	GAINESVILLE FL 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MELDRUM, MICHAEL
3.3 STREET ADDRESS	119 SW 75 TERRACE
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32607
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELOACH, BILLIE
4.3 STREET ADDRESS	3850 NW 16 PLACE
4.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER, BARBARA
5.3 STREET ADDRESS	1421 NW 51 TERRACE
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SURRENCY, SUSAN
6.3 STREET ADDRESS	5645 SW 88 COURT
6.4 CITY-ST-ZIP	GAINESVILLE, FL 32608

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes. I 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: Cleve Cooper DATE: 6/14/98 352-377-1317

CR2E037 (10/97)

MEMORANDUM

To: Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

From: Buchholz Soccer Boosters, Inc.
c/o Cleve Cooper, President
5610 SW 88 Court
Gainesville, FL 32608

Date: June 16, 1998

Subject: 1998 Nonprofit Corporation Annual Report

Please accept this filing of our annual report as it is in arrears. Our organization is totally voluntary and the timely filing of this report was an oversight. We apologize for any inconvenience this may have caused. We hereby apply for continued registration.

Thank you for your consideration.