


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90150 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N23645**

1. Corporation Name

**BUCHHOLZ SOCCER BOOSTERS, INC.**

Principal Place of Business  
5510 NW 27TH AVENUE  
GAINESVILLE FL 32606

Mailing Address  
5610 SW 88 COURT  
GAINESVILLE FL 32608  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

**COOPER, CLEVE**  
5610 SW 88TH COURT  
GAINESVILLE FL 32608

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CLEVE	1.2 NAME	
STREET ADDRESS	5610 SW 88 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAGGOS, GEORGE	2.2 NAME	
STREET ADDRESS	2124 SW 75 TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELDRUM, MICHAEL	3.2 NAME	
STREET ADDRESS	119 SW 75TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELOACH, BILLIE	4.2 NAME	
STREET ADDRESS	3850 N W 16TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BARBARA	5.2 NAME	
STREET ADDRESS	1421 NW 51 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURRENCY, SUSAN	6.2 NAME	
STREET ADDRESS	5645 SW 88TH COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

Date

352-335-7746

Daytime Phone #

352-377-1317

CR2E037 (11/98)