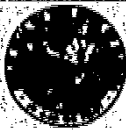


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35496

(1)

1. Corporation Name

**NORTH FORT MYERS HIGH SCHOOL SOCCER BOOSTER CLUB
, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/30/1989** 3a. Date of Last Report **04/29/1994**
4. FEI Number **65-0170900** Applied For
Not Applicable

Principal Place of Business Mailing Address
% TIMOTHY B. FERGUSON **% TIMOTHY B. FERGUSON**
5818 INVERNESS CIRCLE **5818 INVERNESS CIRCLE**
N. FORT MYERS FL 33903 **N. FORT MYERS FL 33903**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 ☐ **\$68.75 Supplemental
Fee Not Required**

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

FERGUSON, TIMOTHY B
5818 INVERNESS CIRCLE
N FT MYERS FL 33903

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **FERGUSON, TIMOTHY B**
STREET ADDRESS **5818 INVERNESS CIRCLE**
CITY - ST - ZIP **N. FT. MYERS FL 33903**

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

TITLE **DV**
NAME **ROSSI, VINCENT**
STREET ADDRESS **10480 BAYSHORE ROAD**
CITY - ST - ZIP **N. FT. MYERS FL 33917**

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

TITLE **DV**
NAME **ROYAL, KEITH**
STREET ADDRESS **17111 WILLIAMS ROAD**
CITY - ST - ZIP **N. FT. MYERS FL 33917**

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

TITLE **DS**
NAME **DUFF, CATHY J**
STREET ADDRESS **2214 BOLADO PARKWAY**
CITY - ST - ZIP **CAPE CORAL FL 33990**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **Comer, Linda**
4.4 CITY - ST - ZIP **4718 Forest Glen Drive**
N. Ft. Myers, FL 33903

TITLE **DT**
NAME **SMITH, KATHIE A**
STREET ADDRESS **17885 CHESTERFIELD ROAD**
CITY - ST - ZIP **N. FT. MYERS FL 33917**

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

TITLE
NAME
STREET ADDRESS
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 119.07(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: Kathie A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95
Date

813-278-5554
Telephone #