FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

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

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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	FERGUSON, TIMOTHY B	1.2 NAME		
STREET ADDRESS	5818 INVERNESS CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33903	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSSI,, VINCENT	2.2 NAME		
STREET ADDRESS	10460 BAYSHORE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33917	2.4 CITY-ST-ZIP		
TITLE	DV	3.1 TITLE		☐ Change ☐ Addition
NAME	ROYAL, KEITH	3.2 NAME		
STREET ADDRESS	17111 WILLIAMS ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33917	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	DUFF, CATHY J	4.2 NAME	Comer, Linda	
STREET ADDRESS	2214 BOLADO PARKWAY	4.3 STREET ADDRESS	4718 Forest Glen Drive	
CITY-ST-ZIP	CAPE CORAL FL 33990	4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE	DT	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KATHIE A	5.2 NAME		
STREET ADDRESS	17885 CHESTERFIELD ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33917	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Kathie A. Smith Kathie A. Smith 4-20-95 813-278-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

051M95