

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35496 (1)

1. Corporation Name

NORTH FORT MYERS HIGH SCHOOL SOCCER BOOSTER CLUB, INC.

Principal Place of Business

% TIMOTHY B. FERGUSON
5818 INVERNESS CIRCLE
N. FORT MYERS FL 33903

Mailing Address

% TIMOTHY B. FERGUSON
5818 INVERNESS CIRCLE
N. FORT MYERS FL 33903

3. Date incorporated or Qualified
11/30/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **5000 Orange Grove Blvd.**

26 **17885 Chesterfield Road**

4. FEI Number
65-0170900

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **North Ft. Myers, FL**

28 **North Ft. Myers, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33903**

25 **Lee**

29 **33917**

30 **Lee**

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 **Kathie A. Smith**
82 Street Address (P.O. Box Number is Not Acceptable)
17885 Chesterfield Road
83
84 City **North Ft. Myers** **FL** 85 Zip Code **33917**

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

Kathie A. Smith
Signature, typed or printed name of registered agent and title, if applicable

Kathie A. Smith, Treasurer

3/25/96
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, TIMOTHY B	
STREET ADDRESS	5818 INVERNESS CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROSSI, VINCENT	
STREET ADDRESS	10460 BAYSHORE ROAD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ROYAL, KEITH	
STREET ADDRESS	17111 WILLIAMS ROAD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	COMER, LINDA	
STREET ADDRESS	4718 FOREST GLEN DR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SMITH, KATHIE A	
STREET ADDRESS	17885 CHESTERFIELD ROAD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Linda Comer	
1.3 STREET ADDRESS	4718 Forest Glen Drive	
1.4 CITY-ST-ZIP	North Ft. Myers, FL 33903	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bill Phelps	
2.3 STREET ADDRESS	1910 S.E. 5th St.	
2.4 CITY-ST-ZIP	Cape Coral, FL 33990	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Larry Collier	
3.3 STREET ADDRESS	1311 S.E. 23rd Ave.	
3.4 CITY-ST-ZIP	Cape Coral, FL 33990	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marcy Ferguson	
4.3 STREET ADDRESS	5818 Inverness Circle	
4.4 CITY-ST-ZIP	North Ft. Myers, FL 33903	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Kathie A. Smith**

3/25/96

941 278 5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)