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Apr 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

5000 ORANGE GROVE BLVD  
NORTH FT MYERS FL 33903  
US17855 CHESTERFIELD ROAD  
NORTH FT MYERS FL 33917-4711  
US3. Date Incorporated or Qualified  
11/30/19893a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
65-0170900Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

SMITH, KATHIE A  
17855 CHESTERFIELD ROAD  
NORTH FT MYERS FL 33917

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 DP ☒ DELETE  
NAME COMER, LINDA  
STREET ADDRESS 4718 FOREST GLEN DRIVE  
CITY-ST-ZIP NORTH FT MYERS FL1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME CAMERON, FRANK  
1.3 STREET ADDRESS 111 N.E. 26th PLACE  
1.4 CITY-ST-ZIP CAPE CORAL, FL 33909TITLE DV ☒ DELETE  
NAME PHELPS, BILL  
STREET ADDRESS 1910 SE 5TH ST  
CITY-ST-ZIP CAPE CORAL FL2.1 TITLE DV ☒ Change ☐ Addition  
2.2 NAME ANN LISSAU  
2.3 STREET ADDRESS 37 PELAS CIRCLE N.E.  
2.4 CITY-ST-ZIP N. FT. MYERS, FL 33917TITLE DV ☐ DELETE  
NAME COLLIER, LARRY  
STREET ADDRESS 1311 SE 23RD AVE  
CITY-ST-ZIP CAPE CORAL FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE DS ☐ DELETE  
NAME FERGUSON, MARCY  
STREET ADDRESS 5818 INVERNESS CIR  
CITY-ST-ZIP NORTH FT MYERS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE DT ☐ DELETE  
NAME SMITH, KATHIE A  
STREET ADDRESS 17855 CHESTERFIELD ROAD  
CITY-ST-ZIP N. FT. MYERS FL 339175.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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

3/20/97

941-278-5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056904

CR2E037 (9/96)