


FILE NOW: FILING FEE IS \$61.25.

FILED

Apr 21 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N35496</b> 1. Corporation Name <b>North Fort Myers High School Soccer Booster Club, Inc.</b>					
Principal Place of Business <b>5000 Orange Grove Blvd.          North Fort Myers, FL 33903          US</b>			Mailing Address <b>111 NE 20TH PL.          CAPE CORAL, FL 33909</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>11/30/1989</b> 4. FEI Number <b>65-0170900</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>Smith, Kathie A.          17885 Chesterfield Road          North Fort Myers, FL 33917</b>			
10. Name and Address of New Registered Agent 81 Name <b>CAMERON, FRANK</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>111 N.E. 20TH PLACE</b> 83 <b>CAPE CORAL</b> 84 City <b>FL</b> 85 Zip Code <b>33909</b>				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 <b>X FRANK CAMERON</b> <i>[Signature]</i> DATE	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP DP CAMERON, FRANK 111 N.E. 26TH PLACE CAPE CORAL, FL 33909 <input type="checkbox"/> DELETE DV LISSAU, ANN 37 PELAS CIRCLE N.E. N. FT. MYERS, FL 33917 <input checked="" type="checkbox"/> DELETE DV COLLIER, LARRY 1311 SE 23RD AVE. CAPE CORAL, FL <input checked="" type="checkbox"/> DELETE DS FERGUSON, MARCY 5818 INVERNESS CIRCLE NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> DELETE DT SMITH, KATHIE A 17885 CHESTERFIELD RD NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 NAME <b>DV CRABB, RICHARD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 STREET ADDRESS <b>4277 HARBOUR LN.</b> 2.3 CITY-ST-ZIP <b>N. FT. MYERS, FL, 33903</b> 3.1 TITLE <b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>HENKEL, PENNY</b> 3.3 STREET ADDRESS <b>18870 SERENOA CT.</b> 3.4 CITY-ST-ZIP <b>NE ALVA, FL 33920</b> 4.1 TITLE <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>KELLEY, JOY</b> 4.3 STREET ADDRESS <b>PO BOX 311 1000 OLD BAYSHORE DR</b> 4.4 CITY-ST-ZIP <b>N. FT. MYERS, FL 33918 33917</b> 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 <b>4000002494664</b> 6.2 NAME <b>-04/21/98--01022--005</b> 6.3 STREET ADDRESS <b>***61.25</b> 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. <b>SIGNATURE: X FRANK CAMERON</b> <i>[Signature]</i> <b>3-25-98</b> <b>941-337-3480</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (10/97)