

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004771 (2)**

1. Corporation Name

**BOOKER T. WASHINGTON HIGH SCHOOL BOYS SOCCER BOOSTER CLUB, INC.**

Principal Place of Business

Mailing Address

**6000 COLLEGE PKWY  
PENSACOLA FL 32503**

**6000 COLLEGE PKWY  
PENSACOLA FL 32503**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**10/18/1993**

4. FEI Number

**59-3000479**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

**GOLOVKO, ALEX  
6000 COLLEGE PKWY  
PENSACOLA FL 32503**

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 617.1503, 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 *Alex Golovko*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-8-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GATEWOOD, DEBRA	
STREET ADDRESS	4381 LA MIRAGE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOWELL, CATHY	
STREET ADDRESS	4430 LA JOLLA	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EINHART, NAN	
STREET ADDRESS	5100 LEESWAY CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELEBASH, BILL	
STREET ADDRESS	4125 TRONJO RD	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KENNETH J. MORGAN	
1.3 STREET ADDRESS	2990 PICKFORD PL.	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32503	

2.1 TITLE	VICE PRESIDENT/JIM MATTHESON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3670 OVERLAND AVE	
2.3 STREET ADDRESS	PENSACOLA, FL 32504	
2.4 CITY-ST-ZIP	VD	

3.1 TITLE	Secretary SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gloria Heckman	
3.3 STREET ADDRESS	5622 Leesway Blvd.	
3.4 CITY-ST-ZIP	Pensacola, FL 32504	

4.1 TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DONALD REES	
4.3 STREET ADDRESS	2221 INVERNESS DR	
4.4 CITY-ST-ZIP	Pensacola FL 32503	

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 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 *Sandra B. Mortham* **4-7-98** **6000 COLLEGE PKWY PENSACOLA FL 32503**

CR2E037 (10/97)