NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004771

1. Corporation Name

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

Principal Place of Business

2. Principal Place of Business

Suite, Apt, #, etc.

Mailing Address

2a. Mailing Address

Sulte, Apt. #, etc.

26

6000 COLLEGE PKWY PENSACOLA FL 32503

21

6000 COLLEGE PKWY PENSACOLA FL 32503



05-06-1999 90281 022 ****61.25





Applied For

3. Date Incorporated or Qualifed

10/18/1993

4. FEI Number

22	City & State			27				59-3000479	Not Applicable		
City.				City & State.			-	5. Certificate of Status Desired		\$8.75 Additional — Fee Required	
23√ Zip	Country Zip				Country		6. Election Campaign Financing		\$5.00	May Be	
·					30			Trust Fund Contribution			to Fees
9. Name and Address of Current Registered Agent						1		10. Name and Address of New R	egistered A	gent	
		<u> </u>		<u> </u>		81	Name			_	
GOLOVKO, ALEX 6000 COLLEGE PKWY PENSACOLA FL 32503						ايوا	82 Street Address (P.O. Box Number is Not Acceptable)				
						82	Street	Address (P.O. Box Number is Not Accepta	icre)		
						83					
PEN	SACULA FL 32	503								T (
						84	City		FL	85 Zip	Code
44 0		-ione of Castions 81	7.0502 and	817 1508 E	Inrida Statutes	the above	-named	corporation submits this statement for the	purpose of c	hanging its	registered
∧#	an ar maintacad as	sant or both in the !	State of Fin	nida Such ch	INDA WAS BUILD	onzed by	ane como	oration's board of directors. I hereby accep	t the appoin	ment as n	gistered
age	nt. I am familler w	with, and accept the	obligations	of, Section 61	17.0503, Florida	Statutes.					
SIGNA	TURE								DATE		
40	Signature, type	d or printed name of register	ed agent and to		(NOTE: RO	13.	t arginarum n	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
12.	PD	OFFICER	IS AND DI		DELETE	1.1 TITLE				Change	☐ Addition
TITLE	1	I PENNETH I		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12 NAME	- 1				
NAME	2000 516	N, KENNETH J	Ø			1.3 STREET	ADVODEDB				
STREET A	0531040	CKFORD PLACE					ì				
CITY-ST-Z		OLA FL 32503			DELETE	1.4 CITY-51 2.1 TITLE	1-ZP			☐ Change	Addition
TITLE	VP D	OAL MA		_	J DELETE	22 NAME					
NAME	MATTES		D				1000000				
STREET A		ERLAND DRIVE	ע			2.3 \$TR⊞T	- 1				
CITY-ST-		OLA FL 32504		— — -	DELETE	2.4 City-5	1-ZIP			Change	☐ Addition
TITLE	S	01004) DECE IE						_
NAME		IN, GLORIA				32 NAME					
STREET A		ESWAY BLVD				33 STREET	ı			_	
CITY-ST-2		OLA FL 32504			Incierr.	3.4. CITY-5	F-ZIP			Change	☐ Addition
TITLE	TD	0/10/40		L_] DELETE	4.1 TITLE	1	1			
NAME		OUGLAS	Ŋ			4.2 NAME					
STREET A		ERNESS DRIVE				4.3 STREET					
CIY-ST-2	P PENSAC	OLA FL 32503				4.4 CITY-S	F-ZIP			Change	Addition
TITLE	1			L) DELETE	5.1 TITLE 5.2 NAME					
NAME											
STREET A	DORESS					5.3 STREET					
CITY-ST-	3P				7.000.00	5.4 CITY-S	1-ZP			Change	Addition
TITLE					DELETE	&1 TITLE	}			□ cuen ta	
NAME						6.2 NAME	l				
STREET A	DORESS					6.3 STREET 6.4 CITY-ST	I				

Interest ceruly that the miormation supplies will use into quality for each permission supplies 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, with all other like empowered.

SIGNATURE:

CONGRATICAL REDURAD REES

4/28/99 (850) 452, 2490 EXT 216