

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000003189 (7)**

1. Corporation Name

THE ONE TOUCH SOCCER BOOSTER CLUB, INC.

Principal Place of Business

**77 OAKWOOD RD
JACKSONVILLE FL 32250
US**

Mailing Address

**P O BOX 51334
JACKSONVILLE FL 32240
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1994		3a. Date of Last Report 05/01/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3206995		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOTHWELL, TERRELL C
77 OAKWOOD RD.
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81. Name
WEISENBORN, PAULA S.
82. Street Address (P.O. Box Number is Not Acceptable)
1100 SEAGATE AV #26
83. City
NEPTUNE BCH
84. State
FL
85. Zip Code
32266

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

Paula S. Weisenborn

(NOTE: Registered Agent signature required when reinstating)

7-1-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	BOTHWELL, TERRELL C	1.2 NAME	WEISENBORN, PAULA S.
STREET ADDRESS	77 OAKWOOD RD	1.3 STREET ADDRESS	1100 SEAGATE AV #26
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY-ST-ZIP	NEPTUNE BCH FL 32266
TITLE	DVT	2.1 TITLE	DVT
NAME	BOTHWELL, GEORGE C	2.2 NAME	DONNELLY WM. M.
STREET ADDRESS	77 OAKWOOD RD	2.3 STREET ADDRESS	1618 N. BENTIN DR.
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	2.4 CITY-ST-ZIP	JACKSONVILLE BCH FL 32250
TITLE	DS	3.1 TITLE	DS
NAME	CHALCRAFT, JUDITH	3.2 NAME	AGILBERT, BARBARA
STREET ADDRESS	972 17TH ST.	3.3 STREET ADDRESS	1183 BAYSHORE DR. N.
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	3.4 CITY-ST-ZIP	ATLANTIC BCH FL 32233
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Paula S. Weisenborn

7-1-96 (904) 281-9651

Date

Daytime Phone

CR2E037 (3/96)