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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**NON-PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N95000003642 (4)

1. Corporation Name

PACE HIGH SCHOOL SOCCER BOOSTERS, INC.



Principal Place of Business

**4065 NORRIS ROAD
PACE FL 32571**

Mailing Address

**4065 NORRIS ROAD
PACE FL 32571**

3. Date Incorporated or Qualified
07/31/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOODWIN, RAY
4346 INDIANA CIRCLE
PACE FL 32571**

10. Name and Address of New Registered Agent

81. Name

CHARLES Kimsey

82. Street Address (P.O. Box Number is Not Acceptable)

6136 Saddleclub Road

83.

84. City

Pace

FL

85. Zip Code

32571

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

Ray Goodwin, Pres.

Ray Goodwin

Charles W. Kimsey

Charles W. Kimsey

DATE

5/4/96

12. OFFICERS AND DIRECTORS

TITLE **Vice Pres. / D** ☐ DELETE
NAME **Timothy Hughes**
STREET ADDRESS **5688 Whispering Woods DR,**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **Treasurer / D** ☐ DELETE
NAME **Brenda King**
STREET ADDRESS **3488 Barkwood DR**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **Secretary / D** ☐ DELETE
NAME **Sue Zimmermann**
STREET ADDRESS **3528 Sweet Bay DR,**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **President / D** ☐ DELETE
NAME **Charles Kimsey**
STREET ADDRESS **6136 Saddleclub Rd**
CITY-ST-ZIP **Pace, FL 32571**

TITLE **President** ☒ DELETE
NAME **RAY Goodwin**
STREET ADDRESS **4346 Indiana CR.**
CITY-ST-ZIP **Pace, FL 32571**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **300001939269**
12 NAME **-09/05/96--01021--009**
13 STREET ADDRESS *******61.25 *****61.25**
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition
31 TITLE ☐ Change ☐ Addition
32 NAME

33 STREET ADDRESS ☐ Change ☐ Addition
34 CITY-ST-ZIP ☐ Change ☐ Addition
41 TITLE ☐ Change ☐ Addition
42 NAME

43 STREET ADDRESS ☐ Change ☒ Addition
44 CITY-ST-ZIP **8/7/29**
51 TITLE ☐ Change ☐ Addition
52 NAME

53 STREET ADDRESS ☐ Change ☐ Addition
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Ray Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 904-995-4008

Date

Daytime Phone #

CR2E037 (12/95)