## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N 9600006067

THE FOOT SOLDIERS, IAC.

Principal Place of Business 3001 SW SUTERBER Mailing Address

1800al 76 33023		3. Date Incorporated or Qualified			
10 2000		4. FEI Number	Applied For		
•		65-0717795	Not Applica		
ncipal Place of Business	28. Mailing Address 26 P.O. Box 472052	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
le, Apt. <b>#, e</b> tc.	Suite, Apt. #, etc. 27	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		

Added to Fees City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes

9. Name and Address of Current Registered A LESESAE, TOAY C 3001 SW 64 AT TERRACE MiRAMAR, 7 33073

	10. Name and Address of New Registered Agent					
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City 85 Zin Code					

FILED

May 07 1998 8:00am

Secretary of State

Applied For Not Applicable

11.	Pursuant to the provisions of Sections 617.0502 and 617.1	508, Flor	rida Statutes, the above-	e-named corporation submits this statement for the purpose of changing its registered
	<ul> <li>office or registered agent, or both, in the State of Florida. S</li> </ul>	Such cha	ange was authorized by t	the corporation's board of directors. I hereby accept the appointment as registered
	agent. I am familiar with, and accept the or mations of, Se	ction 617	7.0503, Florida Statutes.	

agent. Lam familiar with, and accept the original ons of Section 617.0503, Florida Statutes.									
SIGNATURE Support or highest place to a support of agent and the or applicable (NOTE Registered Agent's grature required when reinsteting)  DATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12					
TITLE	☐ DELETE	1 1 TITLE	LECECAE TALL C	☐ Change ☐ Addition					
NAME		1.2 NAME	LESESHE, TONY C 3001 SW LY PROPER	[]					
STREET ADDRESS		1.3 STREET ADDRESS	3001 5W 64 ( LARGEY						
CITY-ST-ZIP		1.4 CITY - ST - ZIP	MIRATHE, FL 3302-3						
TITLE	DELETE	2.1 TITLE	PLESESAE, GLENDA WOOD	☐ Change ☐ Addition					
NAME	· ·	2.2 NAME	3001 SW 64 TERRACE						
STREET ADDRESS		2.3 STREET ADDRESS	MIRANAR, FL 33023						
CITY-ST-ZIP	<i>i.</i>	2. 4 CITY-ST-ZIP	1(10011mc) PL 33023						
TITLE	DELETE	3.1 TITLE	PHESTER RIlly	Change					

2343 Au 5/2 Street Nian, FL 33142 STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4 1 TITLE Swaby, Michelle 8720 SHERNAN CIACLE \*101 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS NIRAMAN, FL 33025 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE

Hicks, KEVIN 15143 NE 6th DUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS MIDNI FL 33162 5.4 CITY - ST - 7IP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6 1 TITLE NAME 6 2 NAME

STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY - ST - ZIP nd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information cental 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 receiver or of Justice empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in such shall have the same legal effect as if made under oath; that I am an address. 14. I hereby certify that the informatio indicated on this arinual report or

officer or director of the corpora Block 12 or Block 13 if clanged SIGNATURE: