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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22533 ✓

1. Corporation Name
BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business C/O DAVIS.BARRY 1700 BLOOMINGDALE AVE. E. VALRICO FL 33594-6220 US	Mailing Address C/O DAVIS.BARRY 1700 BLOOMINGDALE AVE. E. VALRICO FL 33594-6220 US
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2. Principal Place of Business - 21	2a. Mailing Address - 26	3. Date Incorporated or Qualified 09/17/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2836461
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

DAVIS, BARRY
1700 E. BLOMINGDALE AVE.
VALRICO FL 33594

10. Name and Address of New Registered Agent

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 617.1508, 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.

X SIGNATURE *Barry W. Davis* (NOTE: Registered Agent signature required when reinstating) DATE **7/20/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WASHINGTON, MOLLIE	
STREET ADDRESS	7001 E KINGSTON DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VAUGHAN, ROBIN	
STREET ADDRESS	1009 CAMEO CREST LANE	
CITY-ST-ZIP	VALRICO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, ROSALEE	
STREET ADDRESS	2505 BRIMHOLLOW	
CITY-ST-ZIP	VALRICO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SANDERS, MARY A	
STREET ADDRESS	3051 AVALON TERRACE DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CHARLES MADISON	
STREET ADDRESS	1700 Bloomingdale Ave E	
CITY-ST-ZIP	Valrico, FL 33594-6220	
TITLE	VP-TRES	<input type="checkbox"/> DELETE
NAME	Howard Doss	
STREET ADDRESS	1700 Bloomingdale Ave E	
CITY-ST-ZIP	Valrico FL 33594-6220	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ellen Gabel	
1.3 STREET ADDRESS	1700 Bloomingdale Ave E.	
1.4 CITY-ST-ZIP	Valrico, FL 33594-6220	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

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