

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N25690 (1)

1. Corporation Name
JEFFERSON COUNTY SEMINOLE BOOSTERS, INC.



Principal Place of Business Mailing Address
P.O. BOX 79 MONTICELLO FL 32345-0079 US
P.O. BOX 79 MONTICELLO FL 32345-0079 US

3. Date Incorporated or Qualified **03/31/1988** 3a. Date of Last Report **04/20/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2708332	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
			29		
24			30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, GARY
% FARMERS & MERCHANTS BANKS
CORNER OF CHERRY & E. WASHINGTON ST.
MONTICELLO FL 32344**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, JUDY K	1.2 NAME	
STREET ADDRESS	1085 E. WASHINGTON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILAR, RICHARD J REV	2.2 NAME	
STREET ADDRESS	P.O. BOX 822	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAYTON, BECKY	3.2 NAME	Stephen C. Walker
STREET ADDRESS	960 S. WATER STREET	3.3 STREET ADDRESS	1530 Willow Rd.
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	Monticello, FL.
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, VELINDA	4.2 NAME	David McGalliard
STREET ADDRESS	RT. 3 BOX 96-C	4.3 STREET ADDRESS	187 Coopers Pond Rd.
CITY-ST-ZIP	MONTICELLO FL 32344	4.4 CITY-ST-ZIP	Monticello, FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK, SANDRA	5.2 NAME	Sandra Hamrick
STREET ADDRESS	RT 1 BOX 135	5.3 STREET ADDRESS	Route 1, Box 135
CITY-ST-ZIP	MONTICELLO FL	5.4 CITY-ST-ZIP	Monticello, FL.
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUER, DICK	6.2 NAME	Dick Sauer
STREET ADDRESS	RT 4 BOX 4229	6.3 STREET ADDRESS	Route 4, Box 4229
CITY-ST-ZIP	MONTICELLO FL	6.4 CITY-ST-ZIP	Monticello, FL.

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:

Judy K. Nunez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904 644-6506

Date

Daytime Phone #

CR2E037 (12/95)