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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 05/01/1996
4. FEI Number 59-2708332 Applied For Not Applicable
6. 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WRIGHT, GARY
% FARMERS & MERCHANTS BANKS
CORNER OF CHERRY & E. WASHINGTON ST.
MONTICELLO FL 32344

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.

SIGNATURE _____ (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 checked="" 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	32344
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALAR, RICHARD J REV	2.2 NAME	SANDI MAZZA
STREET ADDRESS	P.O. BOX 822	2.3 STREET ADDRESS	P.O. Box 8751
CITY - ST - ZIP	MONTICELLO FL	2.4 CITY - ST - ZIP	TALLA, FL 32315
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, STEPHEN C	3.2 NAME	
STREET ADDRESS	1530 WILLOW RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL	3.4 CITY - ST - ZIP	32344
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GALLIARD, DAVID	4.2 NAME	
STREET ADDRESS	187 COOPERS POND RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL	4.4 CITY - ST - ZIP	32344
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMRICK, SANDRA	5.2 NAME	
STREET ADDRESS	RT 1 BOX 135	5.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL	5.4 CITY - ST - ZIP	32344
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUER, DICK	6.2 NAME	
STREET ADDRESS	RT 4 BOX 4229	6.3 STREET ADDRESS	
CITY - ST - ZIP	MONTICELLO FL	6.4 CITY - ST - ZIP	32344

14. I do 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.

SIGNATURE: Sandi Mazza SANDI MAZZA 4/18/97 904-574-6266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000048

CR2E037 (9/96)