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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25690

1. Corporation Name

JEFFERSON COUNTY SEMINOLE BOOSTERS, INC.

Principal Place of Business

P.O BOX 79
 MONTICELLO FL 32345-0079
 US

Mailing Address

P.O BOX 79
 MONTICELLO FL 32345-0079
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/31/1988

4. FEI Number

59-2708332

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

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 **C. J. MAZZA JR**
 82 Street Address (P.O. Box Number is Not Acceptable)
% BIG BEND TRANSIT INC.
 83 **2201 EISENHOWER ST**
 84 City **TALLAHASSEE** FL 85 Zip Code **32310**

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]

PRESIDENT

1-28-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NUNEZ, JUDY K	
STREET ADDRESS	1085 E. WASHINGTON ST	
CITY-ST-ZIP	MONTICELLO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PAT	
STREET ADDRESS	RT 1 BOX 5F	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAVER, DICK	
STREET ADDRESS	RT 4 BOX 4229	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAZZA, JR C	
STREET ADDRESS	P O BOX 3751 N/A	
CITY-ST-ZIP	TALLAHASSEE FL 32315	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAUER, DICK	
STREET ADDRESS	RT 4 BOX 4229	
CITY-ST-ZIP	MONTICELLO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LISSA MOON	
1.3 STREET ADDRESS	970 E. PEARL ST	
1.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAZZA, SANDI	
2.3 STREET ADDRESS	P. O. BOX 3751 N/A	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32315	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANN DUFFACK	
3.3 STREET ADDRESS	525 S. MULBERRY ST	
3.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C. J. MAZZA, JR	
4.3 STREET ADDRESS	P.O. BOX 3751 N/A	
4.4 CITY-ST-ZIP	TALLAHASSEE FL 32315	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DICK SAUER	
5.3 STREET ADDRESS	RT 4 BOX 4229	
5.4 CITY-ST-ZIP	MONTICELLO, FL 32344	
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]* SIGNATURE REQUIRED SANDI MAZZA 3/2/99 (850)574-6266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)