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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N44594** (2)

1. Corporation Name

SEMINOLE BOOSTERS OF VOLUSIA COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 213 SILVER BCH AVE DAYTONA BEACH FL 32118 US	Mailing Address PO BOX 11254 DAYTONA BEACH FL 32120 US
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3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 04/04/1994
4. FEI Number 59-3084115	Applied For <input type="checkbox"/> Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TINSLEY, GARY W.
213 SILVER BCH AVE
DAYTONA BEACH FL 32118**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Separate typed or printed name of registered agent or officer is required. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOUNG, BRIAN
STREET ADDRESS	752 PELICAN BAY DR
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	D
NAME	DODSON, DIANE
STREET ADDRESS	2507 PIKE COURT
CITY - ST - ZIP	SOUTH DAYTONA FL
TITLE	DP
NAME	RAND, ERIC
STREET ADDRESS	1309 WANDERING OAK DR
CITY - ST - ZIP	ORMOND BCH FL
TITLE	DS
NAME	TINSLEY, GARY W.
STREET ADDRESS	109 MARBLED GODWIT CT
CITY - ST - ZIP	DAYTONA BCH FL
TITLE	DT
NAME	TINSLEY, PATRICIA
STREET ADDRESS	109 MARBLED GODWIT CT
CITY - ST - ZIP	DAYTONA BEACH FL 32119
TITLE	D
NAME	RAND, HEIDI
STREET ADDRESS	1309 WANDERING OAK DR
CITY - ST - ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: _____ DATE: **4/27/95** **904-254-2941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR