

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001812 (4)

1. Corporation Name

M.S. DOUGLAS TRACK AND FIELD BOOSTER CLUB, INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
5815 N.W. 96TH DR. PARKLAND FL 33076		5815 N.W. 96TH DR. PARKLAND FL 33076		03/28/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		65-0656426	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29	
24		30		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent				81 Name	
DAY, KATE 5815 N.W. 96TH DR. PARKLAND FL 33076				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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, KATE	1.2 NAME	
STREET ADDRESS	5815 NW 96 DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33076	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERS, LINDA	2.2 NAME	Dickens, Linda
STREET ADDRESS	4733 NW 96 DRIVE	2.3 STREET ADDRESS	4733 N.W. 96 Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33076	2.4 CITY-ST-ZIP	Coral Springs Fl 33076
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NADING, PEGGY	3.2 NAME	Alise Becky
STREET ADDRESS	12264 W. SAMPLE RD.	3.3 STREET ADDRESS	6911 Cypresshead Drive
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	Parkland Fl 33067
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, LINDA	4.2 NAME	Vollendorf, Linda
STREET ADDRESS	3674 NW 98 TERR	4.3 STREET ADDRESS	7228 Laurel Lane
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	Parkland Fl 33067
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bloom, Cindy
STREET ADDRESS		5.3 STREET ADDRESS	6542 N.W. 99th Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Parkland Fl 33076
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Kate Day* RE: *Kate Day* 1-13-98 (954) 341-5990

CR2E037 (10/97)