

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001812

1. Corporation Name
M.S. DOUGLAS TRACK AND FIELD BOOSTER CLUB, INC.

Principal Place of Business 5815 N.W. 96TH DR. PARKLAND FL 33076	Mailing Address 5815 N.W. 96TH DR. PARKLAND FL 33076
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2. Principal Place of Business 21 6542 NW 99th Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 6542 NW 99th Ave Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/28/1996
23 Parkland, FL City & State 24 33076 Zip 25 USA Country	28 Parkland, FL City & State 29 33076 Zip 30 USA Country	4. FEI Number 65-0656426 Applied For Not Applicable
9. Name and Address of Current Registered Agent DAY, KATE 5815 N.W. 96TH DR. PARKLAND FL 33076		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

10. Name and Address of New Registered Agent	
81 Name Bloom, Cindy (Cynthia)	85 Zip Code 33076
82 Street Address (P.O. Box Number is Not Acceptable) 6542 NW 99th Ave	
84 City Parkland FL	

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 *Cynthia Bloom* (NOTE: Registered Agent signature required when reinstating) DATE **4/12/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DAY, KATE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5815 NW 96 DRIVE	CITY-ST-ZIP PARKLAND FL 33076	1.2 NAME	
TITLE VD	NAME DICKENS, LINDA	1.3 STREET ADDRESS	
STREET ADDRESS 4733 NW 96 DRIVE	CITY-ST-ZIP CORAL SPRINGS FL 33076	1.4 CITY-ST-ZIP	
TITLE SD	NAME ALISE, BECKY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6911 CYPRESSHEAD DRIVE	CITY-ST-ZIP PARKLAND FL 33067	2.2 NAME	
TITLE TD	NAME VOLLENDORF, LINDA	2.3 STREET ADDRESS	
STREET ADDRESS 7228 LAUREL LANE	CITY-ST-ZIP PARKLAND FL 33067	2.4 CITY-ST-ZIP	
TITLE VD	NAME BLOOM, CINDY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6542 N.W. 99TH AVE.	CITY-ST-ZIP PARKLAND FL 33076	3.2 NAME Alise, Becky	
TITLE	NAME	3.3 STREET ADDRESS 6911 E. Cypresshead Dr.	
		3.4 CITY-ST-ZIP Parkland, FL 33067	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME Bloom, Cindy (Cynthia)	
		5.3 STREET ADDRESS 6542 NW 99th Ave	
		5.4 CITY-ST-ZIP Parkland, FL 33076	
		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: *Cynthia Bloom* SIGNATURE REQUIRED DATE **4/12/99** (954) 340-9657 DAYTIME PHONE #

0027342

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