


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000006498

1. Corporation Name
 COUNTRYSIDE BOYS BASKETBALL BOOSTER CLUB, INC.

Principal Place of Business: S.R. 580 COUNTRYSIDE HIGH SCHOOL CLEARWATER FL 34621
 Mailing Address: % CRONIN JACKSON NIXON & WILSON 2560 GULF TO BAY BLVD. SUITE 200 CLEARWATER FL 34625-4419



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Country	5.	Certificate of Status Desired
24	Country	29	Zip		Not Applicable
25		30	Country	6.	Election Campaign Financing Trust Fund Contribution
					\$8.75 Additional Fee Required
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
 DONNELLY, THOMAS J ESQ.
 1172 BROWNELL ST
 SUITE I
 CLEARWATER FL 34616

10. Name and Address of New Registered Agent
 81 Name: Robert M. Osborne
 82 Street Address (P.O. Box Number is Not Acceptable): 101 Meadowcross Dr
 83 City: Safety Harbor
 84 City: Safety Harbor
 85 Zip Code: 34695-4701

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: *Robert M. Osborne* DATE: 9/12/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	PETERSON, PEGGY	1.2 NAME	Bruce Huertas
STREET ADDRESS	2379 W. MOORE HAVEN DRIVE	1.3 STREET ADDRESS	20 Summit Lane
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	TD	2.1 TITLE	T/D
NAME	CRONIN, JOHN H. J	2.2 NAME	Robert M. Osborne
STREET ADDRESS	2560 GULF TO BAY BLVD.	2.3 STREET ADDRESS	101 meadowcross Dr
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	SD	3.1 TITLE	S/D
NAME	HOERTAS, CATHLEEN	3.2 NAME	Janice mascoll
STREET ADDRESS	20 SUMMIT LN	3.3 STREET ADDRESS	5 Fernbrook Dr
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE		4.1 TITLE	V/D
NAME		4.2 NAME	Teth Bronson
STREET ADDRESS		4.3 STREET ADDRESS	725 N Elm St.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Safety Harbor FL 34695
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: *Robert M. Osborne* DATE: 9/12/99 DAYTIME PHONE #: 727-796-4296
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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