

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001228 (2)
1. Corporation Name
TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.



Principal Place of Business Mailing Address
603 NORTH NEW HAMPSHIRE AVENUE TAVARES FL 32778
603 NORTH NEW HAMPSHIRE AVENUE TAVARES FL 32778

3. Date Incorporated or Qualified
02/27/1997

4. FEI Number Applied For Not Applicable

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
GLASS, CORANELLE
33709 LAKESHORE DRIVE
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name Samuel Gamble

82 Street Address (P.O. Box Number is Not Acceptable)
812 W. MAUD ST.

83

84 City Tavares FL 85 Zip Code 32778

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 and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: ~~X~~ Samuel Gamble - X Samuel Gamble 4-29-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Samuel Gamble	
STREET ADDRESS	812 W. Maud Street	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	Ron Davis	
STREET ADDRESS	703 N. Rockingham Ave.	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE	Sec	<input checked="" type="checkbox"/> DELETE
NAME	Michele Hoppenstedt	
STREET ADDRESS	1521 Cobble Lane	
CITY-ST-ZIP	Mt. Dora, FL 32757	
TITLE	D/Treas.	<input checked="" type="checkbox"/> DELETE
NAME	Mrs. Coranelle Glass	
STREET ADDRESS	P. O. Box 219	
CITY-ST-ZIP	Tavares, FL 32778	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mrs. Crystal Myers	
2.3 STREET ADDRESS	31133 Industry Dr.	
2.4 CITY-ST-ZIP	Tavares, FL 32778	
3.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mrs. Mary Huey	
3.3 STREET ADDRESS	38908 Ella Dr.	
3.4 CITY-ST-ZIP	Lady Lake FL 32159	
4.1 TITLE	Treas/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr. Charles Witsman	
4.3 STREET ADDRESS	603 N. New Hampshire	
4.4 CITY-ST-ZIP	Tavares, FL 32778	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mr. Ron Davis	
5.3 STREET ADDRESS	703 N. Rockingham Ave.	
5.4 CITY-ST-ZIP	Tavares, FL 32778	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mr. Philip Walton	
6.3 STREET ADDRESS	27645 Lois Dr.	
6.4 CITY-ST-ZIP	Tavares, FL 32778	

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: Samuel Gamble & Samuel Gamble 4-29-98 352-343-3021

CR2E037 (10/97)