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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000001228

1. Corporation Name
TAVARES HIGH SCHOOL ATHLETIC BOOSTERS, INC.

* 5 8 9 3 1 5 *
 509315-90231-17

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/27/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		APPLIED FOR 59-3457201	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GAMBLE, SAMUEL 812 W MAUD ST TAVARES FL 32778 <i>SAME</i>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Samuel Gamble* *Samuel Gamble* 4-30-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBLE, SAMUEL		1.2 NAME				
STREET ADDRESS	812 W MAUD ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778		1.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>Jody Tibbs</i>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, MRS. C		2.2 NAME	<i>15720 Acorn Circle</i>			
STREET ADDRESS	3113 INDUSTRY DR		2.3 STREET ADDRESS	<i>TAVARES, FL 32778</i>			
CITY-ST-ZIP	TAVARES FL 32778		2.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>Ellen Coggins</i>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEY, MRS. M		3.2 NAME	<i>603 N. New Hampshire</i>			
STREET ADDRESS	38908 ELLA DR		3.3 STREET ADDRESS	<i>TAVARES, FL 32778</i>			
CITY-ST-ZIP	LADY LAKE FL 32159		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITSMAN, MR. C		4.2 NAME				
STREET ADDRESS	603 N NEW HAMPSHIRE		4.3 STREET ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MR. R		5.2 NAME				
STREET ADDRESS	703 N ROCKINGHAM AVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, MR. P		6.2 NAME				
STREET ADDRESS	27645 LOIS DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	TAVARES FL 32778		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: *Samuel Gamble* *Samuel Gamble* 4-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)