


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005179 (3)

1. Corporation Name

PAUL R. WHARTON SR. HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

20150 BRUCE B. DOWNS BLVD.
TAMPA FL 33647

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TAMPA FL 33647

98 DEC -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	09/11/1997
4. FEI Number	59-3467400
Applied For	Not Applicable
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

9. Name and Address of Current Registered Agent
HAYNES, DENISE 4327 GROVE VIEW AVENUE TAMPA FL 33617

10. Name and Address of New Registered Agent
81 Name MARK A. VAN TREGGS
82 Street Address (P.O. Box Number is Not Acceptable) 9507 LARKBUNTING DR.
83
84 City TAMPA FL 85 Zip Code 33647

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 Mark A. Van Treggs DATE 7/26/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SCHOLL, MARCIE
STREET ADDRESS	17704 GREY EAGLE ROAD
CITY-ST-ZIP	TAMPA FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	400002705114-9
1.2 NAME	-12/07/98-01149-009
1.3 STREET ADDRESS	*****61.25 *****61.25
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRESIDENT
2.2 NAME	MARK VAN TREGGS
2.3 STREET ADDRESS	9507 LARKBUNTING DR.
2.4 CITY-ST-ZIP	TAMPA FL 33647
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VICE PRESIDENT
4.2 NAME	JIM STOCK
4.3 STREET ADDRESS	17533 Edensburgh Dr.
4.4 CITY-ST-ZIP	TAMPA FL 33647
5.1 TITLE	PRESIDENT
5.2 NAME	KIM THORSEN
5.3 STREET ADDRESS	8705 Bay Laurel Ct.
5.4 CITY-ST-ZIP	TAMPA FL 33647
6.1 TITLE	
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.

SIGNATURE: Mark A. Van Treggs REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/98

Date

888-383-7944

Daytime Phone #

CR2E037 (5/98)

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