FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9800003431

1. Corporation Name

RIVERDALE HIGH SCHOOL ALL SPORTS BOOSTERS CLUB, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

2600 BUCKINGHAM ROAD FORT MYERS FL 33905

2600 BUCKINGHAM ROAD FORT MYERS FL 33905

2a. Mailing Address

FILED May 06, 1999 8:00 am \$ Secretary of State

05-06-1999 90282 032 ****61.25



3. Date incorporated or Qualifed

24	ides of pagin, see	26			06/11/1998				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number			pplied For	
		27	,· + ,		65-085	6417	1	lot Applicable	
City & State City & State				5 0 1% 1 400 to During		\$8.75	Additional		
23 28					5. Certifcate of Status Desired		Fee Required		
Zip	Country Zip		Country		6. Election Campaign Financing		\$5.00 May Be		
24	25	29	30		Trust Fund Con	tribution	Added	to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name				1	
WARE, GEORGE				Ctroot Add	Address (P.O. Box Number is Not Acceptable)				
			82	Street Add	reat Address (P.O. Box Number is Not Acceptable)				
2600 BUCKINGHAM ROAD			83						
FORT MYERS FL 33905			L-				T1		
			84	City			FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				anamed cor	noration submits this sta	toment for the nurnos	se of changing i	ts registered	
office or	registered agent, or both, in the State 0	of Florida. Such change was a	autnorized by	the corporat	ion's board of directors.	I hereby accept the a	ppointment as i	registered	
agent. I	am familiar with, and accept the obligat	ions of, Section 617.0503, Fk	orida Statutes					J	
SIGNATURE	·			 		DAT			
				it signature requir	red when reinstating)	NGES TO OFFICER		ORS IN 12	
12.		DELETE	1.1 TITLE		D		☐ Change		
TITLE	D	DE DECETE	I.		HOKE, BILL		<u></u>		
NAME	YANKOVICH, ERIC		1.2 NAME		1600 BUCKING	VAL DOAD			
STREET ADDRESS			1.3 STREET						
CITY-ST-ZIP	FORT MYERS FL 33905		1.4 CITY- \$	T-ZIP F	ORT MYERS F	L 22405	<u> </u>	Addition	
TITLE	DP	☐ DELETE	2.1 TITLE	İ			Change	3 Mudition	
NAME	WARE, GEORGE		2.2 NAME	İ				i	
STREET ADDRESS	2600 BUCKINGHAM ROAD		2.3 STREET	ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33905		2.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE	-			Change	e ☐ Addition	
NAME	LYNCH, KELLY		3.2 NAME						
STREET ADDRESS	PILOUINGUISI BOAD		3.3 STREE	T ADDRESS	•				
CITY-ST-ZIP	FORT MYERS FL 33905		3.4. CITY-5	T-ZIP					
TITLE	DVP	☐ DELETE	4.1 TITLE				☐] Change	Addition	
NAME	ERICKSON, ANDY		4. 2 NAME					l	
STREET ADDRESS	1		4.3 STREET	T ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33905		4.4 CITY-S	T-ZIP					
TITLE	S	DELETE	5.1 TITLE				Change	Addition	
NAME	BYRUS, DIANE		5.2 NAME	-					
STREET ADDRESS	1		5.3 STREE	TADDRESS					
Ļ	FORT MYERS FL 33905		5.4 CITY-S	T-ZIP					
CITY-ST-ZIP	 	⊠ DELETE	6.1 TITLE	· -			Change	Addition	
TITLE	ADAMO OTEVE	4. 5-11-10	6.2 NAME		-	•		-	
NAME:	ADAMS, STEVE			ADDRESS 2	ATE, HAL 2600 BUCKING	HAM ROAD			
STREET ADDRES	1			* 700	ORT MYERS	E. 33015			
CITY-ST-ZIP	i FORT MYERS FL 33905		6.4 CITY-S	1-4P f -	-WKI INVEKS	r L			

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 corporation 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SONATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

941-939-0958."
Daytime Phone #

R2E037 (11/98)