

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N19253 (6)

1. Corporation Name

SHARK BOOSTER CLUB, INC.

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O DORIS GIBBS
35-26TH AVENUE
APALACHICOLA FL 32320
US

Mailing Address

35-26TH AVE
35-26TH AVENUE
APALACHICOLA FL 32320
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1987

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2442880

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 110 15th Street

2a. Mailing Address

26 110 15th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Apalachicola, FL

City & State

28 Apalachicola, FL

24 32320

25 Franklin

29 32320

30 Franklin

9. Name and Address of Current Registered Agent

HAMM, DORIS SHIVER
35 26TH AVENUE
APALACHICOLA 32320

10. Name and Address of New Registered Agent

81 Name

Monica M. Lemieux

82 Street Address (P.O. Box Number is Not Acceptable)

110 15th Street

83

84 City

Apalachicola

FL

85 Zip Code

32320

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Monica M. Lemieux

(Signature, typed or printed name of registered agent, if title is applicable)

(If title, Registered Agent signature required when resigning)

DATE

1-20-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
ALLEN, ROXIE
GIBSON RD
APALACHICOLA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
GIBBS, DORIS S
26TH AVE.
APALACHICOLA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
LANIER, LOYCE
AVE B
APALACHICOLA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PVD
JONES, HARRISON
8TH STREET
APALACHICOLA FL

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

SID
Marcia M. Johnson
Apalachicola FL 32320

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

FID
Monica M. Lemieux
110 15th St.
Apalachicola, FL 32320

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

XP/P Butler
Eastpoint, FL 32328

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Monica M. Lemieux

(Signature and typed or printed name of signing officer or director)

Monica M. Lemieux

1-20-95

653-8805