FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 766756 (1)

1. Corporation Name
SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB,INC.

Principal Place of Business	Mailing Address
8401-131ST STREET NORTH ATTN: ~~BILL BRINKER~~ Richard Chapman SEMINOLE FL 33542	8401-131ST STREET NORTH ATTN: ~~BILL BRINKER~~ Richard Chapman SEMINOLE FL 33542

3. Date Incorporated or Qualified: 01/28/1983
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2871541 ☐ 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

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

9. Name and Address of Current Registered Agent

MCAVADDY, JAMES F
9471 - 117 ST NORTH
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: DAve C. PANO
82 Street Address (P.O. Box Number is Not Acceptable): 9624 134 St N
83: Dand Pano
84 City: Seminole FL 85 Zip Code: 33542

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: Dand Pano David Pano 2/16/96
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	PD	☐ DELETE	1.1 TITLE	STD.	☐ Change ☒ Addition
NAME	PANO, DAVE C.		1.2 NAME	Meg Stegbauer	
STREET ADDRESS	9624 134TH ST N.		1.3 STREET ADDRESS	8275 140th st N	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	Seminole, Fl	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BULTMANN, KURT		2.2 NAME		
STREET ADDRESS	8001 124TH ST N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCAVADDY, JAMES F		3.2 NAME		
STREET ADDRESS	9471-117 ST NO		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~Meg Stegbauer~~		4.2 NAME		
STREET ADDRESS	~~8275 140th st N~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~Seminole, Fl~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Meg Stegbauer Meg Stegbauer 2/13/96 (813) 547-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #