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FILED  
Jan 23 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N19253 (6)

1. Corporation Name

SHARK BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

211-13TH STREET  
APALACHICOLA FL 32320  
US

211-13TH STREET  
APALACHICOLA FL 32320  
US

3. Date Incorporated or Qualified

02/16/1987

4. FEI Number

59-2442880

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEAL, SHERRY  
211-13TH STREET  
APALACHICOLA FL 32320

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE

SD  
NAME LEMIEUX, MONICA  
STREET ADDRESS 110-15TH STREET  
CITY-ST-ZIP APALACHICOLA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

TD  
NAME O'NEAL, SHERRY  
STREET ADDRESS 211-13TH STREET  
CITY-ST-ZIP APALACHICOLA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

PD  
NAME ESTES, ROBERT  
STREET ADDRESS 1007 BLUFF ROAD  
CITY-ST-ZIP APALACHICOLA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

VPD  
NAME MIRABELLA, ALFIA  
STREET ADDRESS 64 AVENUE D  
CITY-ST-ZIP APALACHICOLA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

2.5 CITY-ST-ZIP

2.6 CITY-ST-ZIP

2.7 CITY-ST-ZIP

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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

Signature of registered agent

1/23/98

890-653-8805

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