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May 22 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 # **N95000005198 (5)**

1. Corporation Name

SEMINOLE HIGHSCHOOL BASKETBALL BOOSTERS, INC.

Principal Place of Business	Mailing Address
12323 91ST TERRACE NORTH SEMINOLE FL 34642	12323 91ST TERRACE NORTH SEMINOLE FL 34642

3. Date Incorporated or Qualified: 11/02/1995

4. FEI Number: 59-3341458 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 12343 91 TER NO
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28: Seminole FLA
Zip 24 / Country 25	Zip 29: 33772 / Country 30: PINELLAS

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
TAYLOR, JACK 12323 91ST TERRACE NORTH SEMINOLE FL 34642	81 Name: Bill Killalea 82 Street Address (P.O. Box Number is Not Acceptable): 12343 91 TER NO 83 84 City: Seminole FLA FL 85 Zip Code: 33772

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: JACK TAYLOR Jack Taylor 1/29/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JACK		1.2 NAME		
STREET ADDRESS	12323 91ST TERRACE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, WES		2.2 NAME		
STREET ADDRESS	12323 91ST TERRACE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, DANIEL		3.2 NAME		
STREET ADDRESS	12323 91ST TERRACE NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, SUSAN		4.2 NAME		
STREET ADDRESS	12323 91ST TERRACE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BILL KILLALEA		5.2 NAME		
STREET ADDRESS	12343-91ST TER. N.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33772		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 (10/97)

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: Bill Killalea 1/29/98