FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

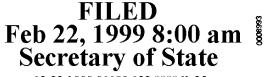
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N19253

1. Corporation Name

SHARK BOOSTER CLUB, INC.



02-22-1999 90089 022 ****61.25

Principal Place of Business Mailing Address									
211-13TH STREET 211-13TH STREET									
APALACHICOLA FL 32320 APALACHICOLA FL 32320 US US									
US		US							
}									
2. Principal P	lace of Business	2a. N	Mailing Address			3. Date Incorporated or Qualifed			_
21	lace of business	26				± 02/16/1987			
Suite, Apt.	# etc.	11	Suite, Apt. #, etc.			4. FEI Number		Apr	olled For
22	.,	27				59-2442880		Not	Applicable
City & Stat	e		City & State	1		5. Certificate of Status Desired		\$8.75 A	
23		28		,		5. Octobale of claus beside		Fee Red	<u>quired</u>
Zip	Country	Z	Zip Country			Election Campaign Financing		\$5.00	
24	25	29	30	D		Trust Fund Contribution		Added to) Fees
	9. Name and Address of Curr	ent Registe	red Agent			10. Name and Address of New Re	gistered A	gent	
}				81	Name				
O'NEAL, SHERRY				82	Street	ddress (P.O. Box Number is Not Acceptab	le)		_
211-13TH	STREET								-
APALACH	ICOLA FL 32320			83					
				84	City		FL	85 Zip C	ode
						orporation submits this statement for the pation's board of directors. I hereby accept		<u> </u>	
SIGNATURE	egistered agent, or both, in the Statem familiar with, and accept the obli-	agent and title if a	pplicable. (NOTE: R	egistered Age		uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	
12.		AND DIREC	DELETE	13.		ADDITIONS/CHANGES TO CITY		☐ Change	☐ Addition
TITLE	SD		□ DEFE IE	1.1 TITLE				onange	
NAME	LEMIEUX, MONICA			1.2 NAME					
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •				F ADDRESS				
CITY-ST-ZIP	APALACHICOLA FL		☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP			Change	Addition
TITLE	TD CHEDDY			2.2 NAME		•			_
NAME	O'NEAL, SHERRY				T ADDRESS				·
STREET ADDRESS	_			2.4 CITY-S		-			
CITY-ST-ZIP	APALACHICOLA FL PD		X DELETE	3.1 TITLE	51-2K	PD		Change Ch	☐ Addition
NAME	ESTES, ROBERT			3.2 NAME		BRUCE MILLENDER			
STREET ADDRESS	AND DILLER DOAD				T ADDRESS	185 N BAYSHORE DR			
CITY-ST-ZIP	APALACHICOLA FL			3.4. CITY+		EASTPOINT, FL 32328		•	
TITLE	VPD		DELETE	4.1 TITLE		VPD		X Change	☐ Addition
NAME	MIRABELLA, ALFIA			4. 2 NAME		KATHY MARTINA			
STREET ADDRESS				4.3 STREE	TADDRESS	DUNAWAY LN			
CITY-ST-ZIP	APALACHICOLA FL			4.4 CITY-S	T-ZIP	APALACHICOLA, FL 32320			
TITLE			☐ DELETE	5.1 TITLE				Change	□ Addition
NAME				5.2 NAME		•			
STREET ADDRESS	;			5.3 STREE	T ADDRESS				•
CITY-ST-ZIP				5.4 CITY+5	T-ZIP				
TITLE		-	☐ DELETE	6.1 TITLE				Change	Addition

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 on 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, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

XSV - 653 -88QC