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Jul 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22533 ✓			
1. Corporation Name BLOOMINGDALE SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.			
Principal Place of Business C/O DAVIS.BARRY 1700 BLOOMINGDALE AVE. E. VALRICO FL 33594-6220 US		Mailing Address C/O DAVIS.BARRY 1700 BLOOMINGDALE AVE. E. VALRICO FL 33594-6220 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2836461	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DAVIS, BARRY 1700 E. BLOMINGDALE AVE. VALRICO FL 33594				10. Name and Address of New Registered Agent			
				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 *Barry W. Davis* DATE **7/20/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	WASHINGTON, MOLLIE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY		
NAME				1.2 NAME	EVEN GOSSEL		
STREET ADDRESS	7001 E KINGSTON DR			1.3 STREET ADDRESS	1700 Bloomingdale Ave E.		
CITY-ST-ZIP	BRANDON FL			1.4 CITY-ST-ZIP	Valrico, FL 33594-6220		
TITLE	VD	VAUGHAN, ROBIN	<input checked="" type="checkbox"/> DELETE	2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS	1009 CAMEO CREST LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			2.4 CITY-ST-ZIP			
TITLE	SD	ROBERTS, ROSALEE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS	2505 BRIMHOLLOW			3.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			3.4 CITY-ST-ZIP			
TITLE	TD	SANDERS, MARY A	<input checked="" type="checkbox"/> DELETE	4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS	3051 AVALON TERRACE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL			4.4 CITY-ST-ZIP			
TITLE	PRESIDENT	CHARLES MADISON	<input type="checkbox"/> DELETE	5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS	1700 Bloomingdale Ave E			5.3 STREET ADDRESS			
CITY-ST-ZIP	Valrico, FL 33594-6220			5.4 CITY-ST-ZIP			
TITLE	VP-TRES	Howard Doss	<input type="checkbox"/> DELETE	6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS	1700 Bloomingdale Ave E			6.3 STREET ADDRESS			
CITY-ST-ZIP	Valrico FL 33594-6220			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: *None* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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