

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 23, 1999 8:00 am  
Secretary of State

08-23-1999 90001 004 \*\*\*\*70.00

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1. Corporation Name

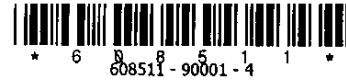
THE SICKLES HIGH SCHOOL OMNIBUS BOOSTER ORGANIZATION, INC.

Principal Place of Business

7950 GUNN HWY  
TAMPA FL 33626-1617

Mailing Address

7950 GUNN HWY  
TAMPA FL 33626-1617



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/28/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3467376	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	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				10. Name and Address of New Registered Agent	
SKELTON, PATRICK 4720 DEERWALK AVE TAMPA FL 33626-1617				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. Zip Code	FL
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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, DANA		1.2 NAME	WILLIAMS, SAMMIE	
STREET ADDRESS	15312 SPRUSON STREET		1.3 STREET ADDRESS	16136 ARMISTEAD LANE	
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, CHUCK		2.2 NAME	BAKER, DARLENE	
STREET ADDRESS	15006 MAURINE COVE LANE		2.3 STREET ADDRESS	6403 HEATHER MOOR CT.	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	TAMPA, FL. 33634	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCRAE, ROBIN		3.2 NAME	TYE, WYNNE	
STREET ADDRESS	16201 COUNTRY CROSS DRIVE		3.3 STREET ADDRESS	14520 MIDDLEFIELD LN	
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP	ODESSA, 33556	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKELTON, PATRICK		4.2 NAME	DUARTE, NELSON	
STREET ADDRESS	4720 DEERWALK AVENUE		4.3 STREET ADDRESS	8218 CRESHAW ST. W	
CITY-ST-ZIP	TAMPA FL 33624		4.4 CITY-ST-ZIP	TAMPA, FL. 33615	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOLLARO, SARA		5.2 NAME	FERGUSON, LUKE	
STREET ADDRESS	15604 INDIAN QUEEN DRIVE		5.3 STREET ADDRESS	16213 ARMISTEAD LANE	
CITY-ST-ZIP	ODESSA FL 33556-3011		5.4 CITY-ST-ZIP	ODESSA, FL. 33556	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, BARB		6.2 NAME	PULEO, LINDA	
STREET ADDRESS	4310 GRAINARY DRIVE		6.3 STREET ADDRESS	16149 ARMISTEAD LN.	
CITY-ST-ZIP	TAMPA FL 33624		6.4 CITY-ST-ZIP	ODESSA, FL. 33556	

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: *[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-99 (813) 908-8600  
Date Daytime Phone #

CR2E037 (11/98)