FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 701342

(8)

PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC

Principal Place of Business Mailing Address ONE RAIDER PLACE 1701 W. REYNOLDS \$TREET										
	Y FL 33566-7117	P	PLANT CITY FL 3356							
		i	JS				3. Date Incorporated or Qualified 08/20/1960		ate of Last 08/11/1	
	Place of Business	<u> </u>	. Mailing Address				4. FEI Number 65-0275647		- +	Applied For
Suite, Ap	of # etc	26	1707 W. Suite, Apt. #, etc.	Keynol	d;	24.	05-02/304/	<u> </u>		Not Applicable
22	л. н, е.с.	27	Suite, Apr. #, etc.				5. Certificate of Status Desired		, -	5 Additional Required
City & St	ate		City & State				6. Election Campaign Financing	F-7	\$5.0	00 May Be
23		28	Plant Ci-		FL		Trust Fund Contribution			ed to Fees
Zip 24	Country 25	29	Zip 3 356 7	30	ountry 11	/ !•\$•	8. This corporation has liability for in Florida Statutes	ntangible ta Yes		. 199.032,
24	9. Name and Address of Curre			130	7	•31	10. Name and Address of New Ro			
•					81	Name		3		
WILLIA	m L. Maxwell				82	Stroot Ad	dress (P.O. Box Number is Not Acceptabl	۵)		
ONE RAIDER PLACE					02	Street Mai	dress (r.,o. box Number is Not Acceptable	e)		
PLANT	CITY FL 33566				83					
					84	City		··-	85 Z	ip Code
						<u> </u>	oration submits this statement for the purp	FL		
	with, and accept the obligations of, Sec	tion 617.	.0503, Florida Statu	ites.	·		and of directors. I hereby accept the appoint	intment as	registered	d agent. I am
12.	OFFICERS AN			13			ADDITIONS/CHANGES TO OFFE		DIRECTO	ORS IN 12
TITLE	PD		DELETE	1.1	TITLE				Change	☐ Addition
NAME	BROWNLEE, RAY			1.2	NAME					
STREET ADDRES				1.3	STREE	T ADDRESS				
CITY-ST-ZIP	PLANT CITY FL		Floreste		CITY-S	ST-ZIP				
TITLE	SD HODGES MIDIAM		DELETE		TITLE			l	Change	☐ Addition
NAME	HODGES, MIRIAM 1707 W. REYNOLDS STREET	-			NAME					
STREET ADDRES	PLANT CITY FL					1 ADDRESS				
CITY-ST-ZIP TITLE	TD		DELETE		TITLE	ST-ZIP			Change	Addition
NAME	MUELLER, ANDREW				NAME					<u> </u>
STREET ADORES	s 1707 W. REYNOLDS STREET	•				ADDRESS				
CITY-ST-ZIP	PLANT CITY FL			3.4.	CiTY-	ST-ZiP				
TITLE	DV		DELETE	4 1	TITLE				Change	☐ Addition
NAME	CAUSEY, BOB			4. 2	NAME					
STREET ADDRESS				4.3	STREE	ADDRESS				
CITY - ST-ZIP	PLANT CITY FL		Dotier		CITY-S	ST-ZIP	<u>90000176</u> -04/04/960100	پوچ	<u> </u>	
TITLE	BYRD, JOHNNIE B		□D£L£1E		TITLE		~04/04/96~~010(3601	Uhange	Addition
NAME	ANA NI AALINIA ATBECT				NAME Czorei	. ADDOCCO	***61.25			
STREET ADDRESS CITY-ST-ZIP	PLANT CITY FL					ADDRESS				
TITLE	D D		DELETE		CITY-S TITLE	51 - ZIP		<u> </u>	Change	Addition
NAME	MORGAN, GARY		<u>_</u> •		NAME					
STREET ADDRESS	AZAZ MU DEVINOLDO OTDEET	-				ADDRESS				X,
CITY-ST-ZIP	PLANT CITY FL			6.4	CITY-5	ST - ZIP				(3/7)
14. I do her	reby certify that the information supplied	with this	filing is voluntarily fo	urnishediun	d doe	s not qualify	for the exemption stated in Section 119.0	7(3)(k), Flo	rida Statu	tes. I further
oath; the appears	nat the information indicated on this annual Lam an officer or director of the corps in Block 12 or Block 11 if change it, or	oration of on an att	r the ecover or trus taggines, with an	united report stee empow dorgss.	ered	to execute the	for the exemption stated in Section 119.0 rate and that my signature shall have the s his report as required by Chapter 617, Flo	rida Statuti	enect as f es; and th	at my name

SIGNATURE: