

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **701342** (8)  
1. Corporation Name  
**PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC**

Principal Place of Business <b>ONE RAIDER PLACE PLANT CITY FL 33566-7117</b>	Mailing Address <b>1701 W. REYNOLDS STREET PLANT CITY FL 33567 US</b>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>28</b> <i>1307 Laurel Court</i>		3. Date Incorporated or Qualified <b>08/20/1960</b>		3a. Date of Last Report <b>04/04/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>65-0275647</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b> <i>Plant City, FL</i>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>29</b> <i>33566</i>		<b>30</b> <i>US</i>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WILLIAM L. MAXWELL  
ONE RAIDER PLACE  
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWNLEE, RAY			1.2 NAME	Gary Morgan		
STREET ADDRESS	1701 SAMMONDS RD			1.3 STREET ADDRESS	2506 Paddock Dr		
CITY-ST-ZIP	PLANT CITY FL			1.4 CITY-ST-ZIP	Plant City, FL 33567		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODGES, MIRIAM			2.2 NAME	Barbara Hammock		
STREET ADDRESS	1707 W. REYNOLDS STREET			2.3 STREET ADDRESS	3602 Bootbay Road		
CITY-ST-ZIP	PLANT CITY FL			2.4 CITY-ST-ZIP	Plant City, FL 33567		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUELLER, ANDREW			3.2 NAME	Sherric Mueller		
STREET ADDRESS	1707 W. REYNOLDS STREET			3.3 STREET ADDRESS	1307 Laurel Court		
CITY-ST-ZIP	PLANT CITY FL			3.4 CITY-ST-ZIP	Plant City, FL 33566		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAUSEY, BOB			4.2 NAME	Floyd Hall		
STREET ADDRESS	511 S. COLLINS			4.3 STREET ADDRESS	2918 Clubhouse Dr.		
CITY-ST-ZIP	PLANT CITY FL			4.4 CITY-ST-ZIP	Plant City, FL 33567		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BYRD, JOHNNIE B			5.2 NAME	Rick Galloway		
STREET ADDRESS	121 N. COLLINS STREET			5.3 STREET ADDRESS	1908 Carringe		
CITY-ST-ZIP	PLANT CITY FL			5.4 CITY-ST-ZIP	Plant City, FL 33567		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, GARY			6.2 NAME			
STREET ADDRESS	1707 W. REYNOLDS STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	PLANT CITY FL			6.4 CITY-ST-ZIP			

14. I do 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: *Sherric C. Mueller*

CR2E037 (4/97)