

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

02-23-1999 90056 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 701342

1. Corporation Name
PLANT CITY SENIOR HIGH SCHOOL BOOSTERS, INC

Principal Place of Business ONE RAIDER PLACE PLANT CITY FL 33566-7117	Mailing Address 1307 LAUREL COURT PLANT CITY FL 33566 US
---	---



21 2. Principal Place of Business	2a. Mailing Address ONE RAIDER PLACE	3. Date Incorporated or Qualified 08/20/1960
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0275647
23 City & State	28 City & State PLANT CITY FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip 33566-7117	30 Country USA
25 Country	31 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 CHARLES W. RABURN WILLIAM M. MARBECK ONE RAIDER PLACE PLANT CITY FL 33566	10. Name and Address of New Registered Agent 81 Name BUDDY RABURN 82 Street Address (P.O. Box Number is Not Acceptable) 83 ONE RAIDER PLACE 84 City PLANT CITY FL 85 Zip Code 33566
--	--

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: *Charles W. Raburn* DATE: 1/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRES, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MORGAN, GARY		1.2 NAME BOB CAHSEY	
STREET ADDRESS 2508 PADDOCK DR		1.3 STREET ADDRESS 813 N WHEELER ST	
CITY-ST-ZIP PLANT CITY FL		1.4 CITY-ST-ZIP PLANT CITY FL 33566	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMMOCK, BARBARA		2.2 NAME LISA BAILEY	
STREET ADDRESS 3602 BOOTBAY RD		2.3 STREET ADDRESS 1201 JOE MCINTOSH RD	
CITY-ST-ZIP PLANT CITY FL		2.4 CITY-ST-ZIP PLANT CITY FL 33565	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MJELLER, SHERRIE		3.2 NAME	
STREET ADDRESS 1307 LAUREL COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PRES, DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, FLOYD		4.2 NAME FLOYD HALL	
STREET ADDRESS 2918 CLUBHOUSE DR		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLOWAY, RICK		5.2 NAME	
STREET ADDRESS 1908 CARRIAGE		5.3 STREET ADDRESS	
CITY-ST-ZIP PLANT CITY FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *FLOYD HALL* DATE: 1/13/99 (813) 752-6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)