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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
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/20/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0275647	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		33566-7117	
Country		Country		USA	
25		30		USA	

9. Name and Address of Current Registered Agent

CHARLES W. RABURN
~~WILLIAM M. MARECK~~
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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 CANSEY		
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	1301 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	MUELLER, 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 checked="" 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: J. G. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLOYD HALL

1/13/99 (813) 752-6193

Date

Daytime Phone #

CR2E037 (1/198)