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Feb 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709659 (7)
1. Corporation Name
VOLUNTEER BOOSTERS OF GREATER LAKE LAND, INC.



Principal Place of Business Mailing Address
P.O. BOX 621 P.O. BOX 621
KATHLEEN FL 33849 KATHLEEN FL 33849-0621

3. Date Incorporated or Qualified 09/27/1965 3a. Date of Last Report 02/02/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

4. FEI Number 59-2739523 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

VANN, RAY
4912 PILGRIM LN
LAKE LAND FL 33809

10. Name and Address of New Registered Agent

81 Name VANN, RAY
82 Street Address (P.O. Box Number is Not Acceptable) 1227 BONNIE-GLEN ST.
83
84 City LAKE LAND FL 85 Zip Code 33810

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] DATE 1-28-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|-------------------------------|
| TITLE | VPD | 1.1 TITLE | 5. WILLARD, GREGORY |
| NAME | TIBBETS, DARETHA | 1.2 NAME | 3520 CLEVELAND HTS. BLVD #187 |
| STREET ADDRESS | 6615 FERNWOOD DR. | 1.3 STREET ADDRESS | LAKE LAND, FL 33803 |
| CITY-ST-ZIP | LAKE LAND, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | |
| NAME | MARTELLO, RODNEY | 2.2 NAME | |
| STREET ADDRESS | 1228 BONNIE GLEN ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | VPD | 3.1 TITLE | |
| NAME | CALLAHAN, JR. J | 3.2 NAME | |
| STREET ADDRESS | 13315 MISTI LOOP | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | VPD | 4.1 TITLE | |
| NAME | ROTH, JOANN | 4.2 NAME | |
| STREET ADDRESS | 905 HAMMOCK SHADE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | T | 5.1 TITLE | |
| NAME | VANN, RAY | 5.2 NAME | |
| STREET ADDRESS | 4912 PILGRIM LN | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | S | 6.1 TITLE | |
| NAME | JOHNSON, DEBBIE L. | 6.2 NAME | |
| STREET ADDRESS | 4633 SAN ANTONIO | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND, FL 00000 | 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: [Signature] REQUIRED 1-28-97 944-665-4609

CR2E037 (9/96)