

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719833 (6)

1. Corporation Name

CREW BOOSTERS OF WINTER PARK, INC.

Principal Place of Business

P.O. BOX 1003
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 1003
WINTER PARK FL 32789
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/10/1970		3a. Date of Last Report 08/07/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7090778		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FLOYD, HARRY
280 W CANTON AVE
STE 300
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name O'CONNOR, DAVID
82 Street Address (P.O. Box Number is Not Acceptable)
147 INTERLACHEN PLACE
83
84 City WINTER PARK, FL 85 Zip Code 32789

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 *David O'Connor* DAVID O'CONNOR, TREASURER
Signature of Current Registered Agent and Title (Note: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISOP, MARSHA	1.2 NAME	RUSSO, PAM
STREET ADDRESS	317 CAORNWALL RD	1.3 STREET ADDRESS	1750 CHOCTAW TRAIL
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, DAVID C	2.2 NAME	STRONG, DAVID
STREET ADDRESS	300 VIRGINIA DR.	2.3 STREET ADDRESS	300 VIRGINIA DR.
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, MIKE	3.2 NAME	WESTON, ASHLEY
STREET ADDRESS	687 BLAIRSHIRE CR	3.3 STREET ADDRESS	957 DUNRAVEN DRIVE
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	R/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOYD, HARRY	4.2 NAME	BRANDON, WENDY
STREET ADDRESS	2424 CHELSEA ST	4.3 STREET ADDRESS	318 VICTORIA AVENUE
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	RSD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICH, BETH	5.2 NAME	O'CONNOR, DAVID
STREET ADDRESS	1555 LAKEHURST AVE	5.3 STREET ADDRESS	147 INTERLACHEN PLACE
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	CSD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLARDO, CYNTHIA	6.2 NAME	WATT, BRENNY
STREET ADDRESS	1831 TAYLOR AVE	6.3 STREET ADDRESS	260 SANDY LAKE
CITY-ST-ZIP	WINTER PARK FL	6.4 CITY-ST-ZIP	WINTER PARK, FL 32789

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David O'Connor* DAVID O'CONNOR, TREASURER
Signature and Printed Name of Signing Officer or Director Date

Daytime Phone #

CR2E037 (12/95)