


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 23 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 719833 (6)

1. Corporation Name

CREW BOOSTERS OF WINTER PARK, INC.



|  |                     |  |                     |   |
|--|---------------------|--|---------------------|---|
| Principal Place of Business<br>P.O. BOX 1003<br>WINTER PARK FL 32789<br>US |                     | Mailing Address<br>P.O. BOX 1003<br>WINTER PARK FL 32789<br>US |                     | 3. Date Incorporated or Qualified<br>12/10/1970   |
| 2. Principal Place of Business   |                     | 2a. Mailing Address  |                     | 4. FEI Number<br>23-7090778   |
| 21   | Suite, Apt. #, etc. | 26   | Suite, Apt. #, etc. | Applied For<br>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<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |
| 24   | Country             | 29   | Country             | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                               |
| 25   |                     | 30   |                     | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

MC MANUS, NANCY  
217 QUAYSIDE CIRCLE  
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name HEIDI J PECKHAM  
82 Street Address (P.O. Box Number Is Not Acceptable)  
3984 LK MIRA DR  
83 ORLANDO  
84 City  
85 Zip Code FL 32817

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 Heidi J. Peckham (NOTE: Registered Agent signature required when reinstating) DATE 9-10-98

|                            |                     |   |                      |
|----------------------------|---------------------|---|----------------------|
| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                      |
| TITLE                      | PD                  | 1.1 TITLE   | VP                   |
| NAME                       | WEISS, BOB          | 1.2 NAME  | Chambers, Michael    |
| STREET ADDRESS             | 274 SYLVAN BLVD     | 1.3 STREET ADDRESS                                    | 687 Blairshire Cr.   |
| CITY-ST-ZIP                | WINTER PARK FL      | 1.4 CITY-ST-ZIP                                       | Winter Park FL 32792 |
| TITLE                      | PPD                 | 2.1 TITLE   | RSD                  |
| NAME                       | RUSSO, PAM          | 2.2 NAME  | Payor, Adrienne      |
| STREET ADDRESS             | 1750 CHOCTAW TRAIL  | 2.3 STREET ADDRESS                                    | 366 Alberta Dr.      |
| CITY-ST-ZIP                | MAITLAND FL         | 2.4 CITY-ST-ZIP                                       | Winter Park FL 32789 |
| TITLE                      | VD                  | 3.1 TITLE   | VP                   |
| NAME                       | MC NEIL, MARQUERITE | 3.2 NAME  | Losey, Molly         |
| STREET ADDRESS             | 1760 CHINOCK TRAIL  | 3.3 STREET ADDRESS                                    | 1661 Woodlark Ave    |
| CITY-ST-ZIP                | MAITLAND FL         | 3.4 CITY-ST-ZIP                                       | Winter Park FL 32789 |
| TITLE                      | RSD                 | 4.1 TITLE   | PD                   |
| NAME                       | MILDNER, SUSAN      | 4.2 NAME  | MILDNER, Susan       |
| STREET ADDRESS             | 800 JUANITA REAL    | 4.3 STREET ADDRESS                                    | 800 Juanita Real     |
| CITY-ST-ZIP                | WINTER PARK FL      | 4.4 CITY-ST-ZIP                                       | Winter Park FL 32789 |
| TITLE                      | TD                  | 5.1 TITLE   | TD                   |
| NAME                       | MC MANUS, NANCY     | 5.2 NAME  | Peckham, Heidi       |
| STREET ADDRESS             | 217 QUAYSIDE CIRCLE | 5.3 STREET ADDRESS                                    | 3984 Lake Mira Dr.   |
| CITY-ST-ZIP                | MAITLAND FL         | 5.4 CITY-ST-ZIP                                       | Orlando FL 32817     |
| TITLE                      | CSD                 | 6.1 TITLE   |                      |
| NAME                       | WEINSTEIN, PAT      | 6.2 NAME  |                      |
| STREET ADDRESS             | 500 MANOR RD        | 6.3 STREET ADDRESS                                    |                      |
| CITY-ST-ZIP                | MAITLAND FL         | 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.

SIGNATURE: Heidi J. Peckham T.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-98 407-277-1942  
Date Daytime Phone #

CR2E037 (5/98)