

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90174 030 \*\*\*\*61.25

**DOCUMENT # 719833**

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/10/1970

4. FEI Number

23-7090778

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

9. Name and Address of Current Registered Agent

PECKHAM, HEIDI J  
3984 LK MIRA DR  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CHAMBERS, MICHAEL  
687 BLAIRSHIRE CIR  
WINTER PARK FL 32792

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PAYOR, ADRIENNE  
366 ALBERTA DR  
WINTER PARK FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
LOSEY, MOLLY  
1661 WOODLAND AVE  
WINTER PARK FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MILDNER, SUSAN  
800 JUANITA RAE  
WINTER PARK FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PECKHAM, HEIDI  
3984 LAKE MIRA DR  
ORLANDO FL 32817

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CSD  
WEINSTEIN, PAT  
500 MANOR RD  
MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*Heidi J. Peckham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 407-629-6965  
Date Daytime Phone #

CR2E037 (11/98)