

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 # 724496 (5)

1. Corporation Name

CYPRESS LAKE SENIOR HIGH SCHOOL BOOSTERS CLUB, INCORPORATED



Principal Place of Business

Mailing Address

PANTHER LANE
FT. MYERS FL 33919

PANTHER LANE
FT. MYERS FL 33919

3. Date Incorporated or Qualified

10/06/1972

3a. Date of Last Report

03/01/1995

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	Country
24	Country	29	Zip
25		30	

4. FEI Number

59-6587267

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

10. Name and Address of New Registered Agent

ANDERSON, PAUL
PANTHER LANE
FT. MYERS FL 33919

81	Name	Bobbs, Ro
82	Street Address (P.O. Box Number is Not Acceptable)	Panther Lane
83		
84	City	FL
85	Zip Code	33919

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

Ro Bobbs

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, PAUL	
STREET ADDRESS	7680 TWIN EAGLE LANE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARRICOFFE, MARILYN	
STREET ADDRESS	7003 PICKADILLY CT	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SZELEST, FRANK	
STREET ADDRESS	6601 ST IVES CT	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOSDEN, THOMAS	
STREET ADDRESS	3746 BLUE HERON CT	
CITY - ST - ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bobbs, Ro	
1.3 STREET ADDRESS	1515 Bass Cr.	
1.4 CITY - ST - ZIP	FT MYERS FL 33919	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holmes, John	
2.3 STREET ADDRESS	1645 S. Hermitage Rd	
2.4 CITY - ST - ZIP	FL MYERS FL 33919	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bairrows, Susan	
3.3 STREET ADDRESS	6431 Bethany Ave	
3.4 CITY - ST - ZIP	FL MYERS FL 33919	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CRAMER, GARY	
4.3 STREET ADDRESS	2159 ANDREA LANE	
4.4 CITY - ST - ZIP	FT. MYERS, FL 33912	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-96 481-2233

CR2E037 (12/95)