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FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **724496** (5)

1. Corporation Name

**CYPRESS LAKE SENIOR HIGH SCHOOL BOOSTERS CLUB, I
NCORPORATED**

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
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOBBS, RO
PANTHER LANE
FT. MYERS FL 33919**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOBBS, RO	
STREET ADDRESS	1515 BASS CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	

1.1 TITLE	BOBBS, RO PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1515 BASS CT	
1.3 STREET ADDRESS	FT MYERS FL 33919	
1.4 CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLMES, JOHN	
STREET ADDRESS	1145 S HERMITAGE RD	
CITY-ST-ZIP	FT. MYERS FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE WOLF	
2.3 STREET ADDRESS	15101 WHIMBREL CT FT MYERS FL 33908	
2.4 CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARROWS, SUSAN	
STREET ADDRESS	6421 BETHANY AVE	
CITY-ST-ZIP	FT. MYERS FL	

3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BARROWS, SUSAN	
3.3 STREET ADDRESS	6421 BETHANY AVE	
3.4 CITY-ST-ZIP	FT MYERS FL 33919	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CRAMER, GRY	
STREET ADDRESS	2159 ANDREA LANE	
CITY-ST-ZIP	FT MYERS FL	

4.1 TITLE	CRAMER, GARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2159 andrea lane	
4.3 STREET ADDRESS	FT MYERS FL 33919	
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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: **RO Bobbs** REQUIRED

5-577

941-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070444

CR2E037 (9/96)