

FILED
Sep 10, 1999 8:00 am
Secretary of State

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 724496

Corporation Name

CYPRESS LAKE SENIOR HIGH SCHOOL BOOSTERS CLUB,
INCORPORATED

Principal Place of Business

Mailing Address

PANTHER LANE
T. MYERS FL 33919

PANTHER LANE
FT. MYERS FL 33919

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-6587267	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 BARROWS, SUSAN		
			82 Street Address (P.O. Box Number is Not Acceptable) PANTHER LANE		
			83		
			84 City FT. MYERS FL 85 Zip Code 33919		
I, 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 <i>[Signature]</i> DATE 8-30-99					

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS Y-ST-ZIP	PD BOBBS, RO 1515 BASS CIRCLE FT. MYERS FL	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME SUSAN BARROWS 1.3 STREET ADDRESS 6421 BETHANY AVE 1.4 CITY-ST-ZIP FT MYERS, FL 33919
LE ME REET ADDRESS Y-ST-ZIP	VD DICK, BOB 1635 N MAYFAIR RD FT. MYERS FL 33919	<input type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT 2.2 NAME DONNA EVANS 2.3 STREET ADDRESS PO BOX 424 2.4 CITY-ST-ZIP ESTERO, FL. 33928
LE ME REET ADDRESS Y-ST-ZIP	SD BARROWS, SUSAN 6421 BETHANY AVE FT. MYERS FL	<input type="checkbox"/> DELETE	3.1 TITLE SECRETARY 3.2 NAME Renee Dick 3.3 STREET ADDRESS 1635 N. MAYFIELD Rd. 3.4 CITY-ST-ZIP FT MYERS FL 33919
LE ME REET ADDRESS Y-ST-ZIP	TD DESMOND, DOUG 12671 SUMMERWOOD DR FT MYERS FL 33908	<input type="checkbox"/> DELETE	4.1 TITLE TREASURER 4.2 NAME ROBERT DICK 4.3 STREET ADDRESS 1635 N. MAYFIELD Rd. 4.4 CITY-ST-ZIP FT MYERS, FL 33919
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
LE ME REET ADDRESS Y-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

CR2F037 (5/99)