

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 # 726987

1. Corporation Name
BARTOW youth Football Boosters' Club

Principal Place of Business Mailing Address
**Tommy Walker Field 1503 Richmond Rd
Lakeland, FL 33801**

2. Principal Place of Business 2a. Mailing Address
21 **Tommy Walker Field** 26 **1503 Richmond Rd
Lakeland, FL 33801**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **St Rd 555** 27
City & State City & State
23 **Bartow FL** 28 **Lakeland FL**
Zip Country Zip Country
24 **33830** 25 29 **33801** 30

3. Date Incorporated or Qualified 3a. Date of Last Report
1982 1995
4. FEI Number **should Be on** ☒ Applied For
File 726987 ☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$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

**Frank L WEBSTER
1503 Richmond Rd
Lakeland, FL 33801**

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 Frank L Webster DATE 5/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Frank L Webster	
STREET ADDRESS	1503 Richmond Rd	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	V-T	<input type="checkbox"/> DELETE
NAME	Tally Hall	
STREET ADDRESS	3110 River oak DR	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Willott Roach	
STREET ADDRESS	3878 Feather DR	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Don Stratton	
STREET ADDRESS	640 Pinecrest	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Roger Cherry	
STREET ADDRESS	1454 Ridge Lake Ct.	
CITY-ST-ZIP	Lakeland, FL 33801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Dave Roach	
STREET ADDRESS	3878 Feather DR	
CITY-ST-ZIP	Lakeland, FL 33813	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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***70.00**

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: Frank L Webster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96 941-667-3372
Date Daytime Phone #

CR2E037 (12/95)