# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:24

DOCUMENT # 733853 (6)

1. Corporation Name
HATTER BOOSTERS, INC. .

| Principal Place of Business | Mailing Address |
|---|---|
| 421 N WOODLAND BLVD.<br>CAMPUS BOX 8359 STETSON UNIV.<br>DELAND FL 32720 | 421 N WOODLAND BLVD.<br>CAMPUS BOX 8359 STETSON UNIV.<br>DELAND FL 32720 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1975
3a. Date of Last Report: 10/10/1994
4. FEI Number: 59-1696531 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

9. Name and Address of Current Registered Agent

WREN, BENJAMIN F., III
110 WEST INDIANA AVE.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: ROBERT F. APGAR
82 Street Address (P.O. Box Number is Not Acceptable): 501 N. McDONALD AVE.
83
84 City: DELAND FL 85 Zip Code: 32724

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert F. Apgar — 1/19/95
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 | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SPORE, STEVE | 1.2 NAME | |
| STREET ADDRESS | 854 W PLYMOUTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | GODWIN, AL | 2.2 NAME | |
| STREET ADDRESS | SUNBANK; PO DRAWER 128 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | APGAR ROBERT F. | 3.2 NAME | |
| STREET ADDRESS | 501 N. MCDONALD AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | JORDAN, JAMES | 4.2 NAME | |
| STREET ADDRESS | 33 WILLOW LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | GIBBS, LESLIE | 5.2 NAME | |
| STREET ADDRESS | 135 N WOODLAND BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | ARNOLD, HARRY | 6.2 NAME | |
| STREET ADDRESS | 800 DELTONA BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELTONA FL | 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)(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 added on an attachment with an address.

**SIGNATURE:** [signature] 1/19/95 904-822-8119
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0003000