

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 # 733853 (6)

1. Corporation Name

HATTER BOOSTERS, INC.



Principal Place of Business

Mailing Address

421 N WOODLAND BLVD.  
CAMPUS BOX 8359 STETSON UNIV.  
DELAND FL 32720

421 N WOODLAND BLVD.  
CAMPUS BOX 8359 STETSON UNIV.  
DELAND FL 32720

3. Date Incorporated or Qualified

09/17/1975

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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

APGAR  
APGAR, ROBERT F.  
501 N. McDONALD AVENUE  
DELAND FL 32724

CORRECTION  
of NAME  
(SPELLING)

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 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

*Robert F. Apgar*

Signature, typed or printed name of registered agent or individual appointee

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SPORE, STEVE  
STREET ADDRESS 854 W PLYMOUTH  
CITY-ST-ZIP DELAND FL ☐ DELETE

11 TITLE  
12 NAME ☐ Change ☐ Addition  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME GODWIN, AL  
STREET ADDRESS SUNBANK; PO DRAWER 128 N/A  
CITY-ST-ZIP DELAND FL ☐ DELETE

21 TITLE  
22 NAME ☐ Change ☐ Addition  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE D  
NAME APGAR ROBERT F.  
STREET ADDRESS 501 N. McDONALD AVE.  
CITY-ST-ZIP DELAND FL ☐ DELETE

31 TITLE  
32 NAME ☐ Change ☐ Addition  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ST  
NAME JORDAN, JAMES  
STREET ADDRESS 33 WILLOW LANE  
CITY-ST-ZIP DELAND FL ☐ DELETE

41 TITLE  
42 NAME ☐ Change ☐ Addition  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D  
NAME GIBBS, LESLIE  
STREET ADDRESS 135 N WOODLAND BLVD  
CITY-ST-ZIP DELAND FL ☐ DELETE

51 TITLE  
52 NAME ☐ Change ☐ Addition  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D  
NAME ARNOLD, HARRY  
STREET ADDRESS 800 DELTONA BLVD  
CITY-ST-ZIP DELTONA FL ☐ DELETE

61 TITLE  
62 NAME ☐ Change ☐ Addition  
63 STREET ADDRESS  
64 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:

*James T. Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/95 734-4638

CR2E037 (12/95)