

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32720421 N WOODLAND BLVD.  
CAMPUS BOX 8359 STETSON UNIV.  
DELAND FL 32720-37803. Date Incorporated or Qualified  
09/17/19753a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 421 N WOODLAND BLVD

26 421 N WOODLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT 8359 STETSON UNIV

27 UNIT 8359 STETSON UNIV

City &amp; State

City &amp; State

23 DELAND FL

28 DELAND FL

Zip

Zip

Country

Country

24 32720-3760 25 USA

29 32720-3760 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPORE, STEVE	
STREET ADDRESS	854 W PLYMOUTH	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GODWIN, AL	
STREET ADDRESS	SUNBANK; PO DRAWER 128 N/A	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	APGAR ROBERT F.	
STREET ADDRESS	501 N. McDONALD AVE.	
CITY-ST-ZIP	DELAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JORDAN, JAMES	
STREET ADDRESS	33 WILLOW LANE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, LESLIE	
STREET ADDRESS	135 N WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNOLD, HARRY	
STREET ADDRESS	800 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	DELAND FL 32724	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	SUN BANK 302 E NEW YORK AVE	
2.4 CITY-ST-ZIP	DELAND FL 32724	
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	DELAND FL 32724	
4.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JORDAN, JAMES J.	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	DELAND FL 32724	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	DELAND FL 32724	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2555 COUNTRY SQUIRE LANE	
6.4 CITY-ST-ZIP	DELAND FL 32724	

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:

JAMES J. JORDAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013423

CR2E037 (9/96)