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FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733853** (6)

1. Corporation Name

**HATTER BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**421 N WOODLAND BLVD.  
UNIT 8359 STETSON UNIVERSITY  
DELAND FL 327203780  
US**

**421 N WOODLAND BLVD.  
UNIT 8359 STETSON UNIVERSITY  
DELAND FL 32720  
US**

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

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/17/1975**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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

10. Name and Address of New Registered Agent

**81** Name **Derek Waugh**

**82** Street Address (P.O. Box Number is Not Acceptable)

**311 College Ct.**

**83**

**84** City **DeLand**

**FL**

**85** Zip Code

**32720**

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

**4/22/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SPORE, STEVE**  
STREET ADDRESS **854 W PLYMOUTH**  
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE

NAME **GODWIN, AL**  
STREET ADDRESS **SUN BANK 302 E NEW YORK AVE**  
CITY-ST-ZIP **DELAND FL**

TITLE **PD** ☐ DELETE

NAME **APGAR ROBERT F.**  
STREET ADDRESS **501 N. McDONALD AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE **ST** ☒ DELETE

NAME **JORDAN, JAMES J.**  
STREET ADDRESS **33 WILLOW LANE**  
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE

NAME **GIBBS, LESLIE**  
STREET ADDRESS **135 N WOODLAND BLVD**  
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE

NAME **ARNOLD, HARRY**  
STREET ADDRESS **2555 COUNTRY SQUIRE LANE**  
CITY-ST-ZIP **DELTONA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Derek Waugh**  
1.3 STREET ADDRESS **311 College Ct.**  
1.4 CITY-ST-ZIP **DeLand, FL 32720**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/98**  
Date

**904 822-8118**  
Daytime Phone #

CR2E037 (10/97)