

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 # 736628 (9)

1. Corporation Name

BLUE DEVILS BOOSTER CLUB, INC.

Principal Place of Business

600 6TH STREET, S.E.
WINTER HAVEN FL 33880
US

Mailing Address

P.O. BOX 173
WINTER HAVEN FL 33882
US



3. Date Incorporated or Qualified
08/19/1976

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number
23-7030696

Applied For
Not Applicable

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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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

BENNETT, B W
60 2ND STREET, S.E.
WINTER HAVEN FL 33880

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MCMILLAN, WENDELL
STREET ADDRESS 1300 60 LAKE HOWARD DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33883

☐ DELETE

1.1 TITLE SECRETARY - D
1.2 NAME KOK, CINDY
1.3 STREET ADDRESS 82 JENNI ASHLEY CT
1.4 CITY-ST-ZIP WINTER HAVEN FL 33884

☐ Change ☒ Addition

TITLE D
NAME MAROTTI, JOHN L
STREET ADDRESS 1250 HOWARD TERR NW
CITY-ST-ZIP WINTER HAVEN, FL 33880

☐ DELETE

2.1 TITLE SECRETARY - D
2.2 NAME MILLER, JEANNE
2.3 STREET ADDRESS 150 LAMERAY RD.
2.4 CITY-ST-ZIP WINTER HAVEN FL 33884

☐ Change ☒ Addition

TITLE TD
NAME PECK, CHARLES S
STREET ADDRESS 100 N. LAKE ELOISE
CITY-ST-ZIP WINTER HAVEN, FL 33880

☒ DELETE

3.1 TITLE Treasurer - D
3.2 NAME Straughan, John
3.3 STREET ADDRESS 410 1st Street South
3.4 CITY-ST-ZIP Winter Haven Fla 33880

☐ Change ☒ Addition

TITLE D
NAME WILSON, CARL
STREET ADDRESS 1317 THOMPSON CR NW
CITY-ST-ZIP WINTER HAVEN FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BURNS, JERRY
STREET ADDRESS 15 SKIDMORE RD
CITY-ST-ZIP WINTER HAVEN FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KOK, JOHN
STREET ADDRESS 82 JENNI ASHLEY CT
CITY-ST-ZIP WINTER HAVEN, FL 33880

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

R. Wendell McMillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Mar 96

941-676-7691

Date

Daytime Phone #

CR2E037 (12/95)