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FILED

Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

600 6TH STREET, S.E.
WINTER HAVEN FL 33880
USP.O. BOX 173
WINTER HAVEN FL 33882-0173
US3. Date Incorporated or Qualified
08/19/19763a. Date of Last Report
03/22/1996

4. FEI Number

23-7030696

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMILLAN, WENDELL	
STREET ADDRESS	P.O. BOX 2617, N/A	
CITY-ST-ZIP	WINTER HAVEN FL 33883	

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sam Shinall	
1.3 STREET ADDRESS	120 Lagoon Road	
1.4 CITY-ST-ZIP	Winter Haven, FL 33884	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAROTTI, JOHN L	
STREET ADDRESS	1250 HOWARD TERR NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	

2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeanne Miller	
2.3 STREET ADDRESS	150 Lameraux Road	
2.4 CITY-ST-ZIP	Winter Haven, FL 33884	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STAUGHN, JOHN	
STREET ADDRESS	410 1ST STREET SOUTH	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hap Hazelwood	
3.3 STREET ADDRESS	901 Wards Landing	
3.4 CITY-ST-ZIP	Winter Haven, FL 33880	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, CARL	
STREET ADDRESS	1317 THOMPSON CR NW	
CITY-ST-ZIP	WINTER HAVEN FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bruce Bachman	
4.3 STREET ADDRESS	946 N. Lake Otis Road	
4.4 CITY-ST-ZIP	Winter Haven, FL 33884	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOK, CINDY	
STREET ADDRESS	82 JENNI ASHLEY CT.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Howard Beckert	
5.3 STREET ADDRESS	135 5th Street NW	
5.4 CITY-ST-ZIP	Winter Haven, FL 33881	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KOK, JOHN	
STREET ADDRESS	82 JENNI ASHLEY CT	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stan Friedmann	
6.3 STREET ADDRESS	720 Avenue H, NE	
6.4 CITY-ST-ZIP	Winter Haven, FL 33881	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084720

CR2E037 (9/96)