FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747589** **(0)**

1. Corporation Name

SEMINOLE WARHAWK FOOTBALL BOOSTERS, INC.

Principal Place of Business	Mailing Address
8410 131ST STREET NORTH P.O. BOX 3451 SEMINOLE FL 34642	8410 131ST STREET NORTH P.O. BOX 3451 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/12/1979**
3a. Date of Last Report: **01/21/1994**
4. FEI Number: **59-1943902** ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

9. Name and Address of Current Registered Agent

KESLER, DAVID B.
1135 PASADENA AVENUE SOUTH
ST.PETERBURG FL 33707

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	MCAUADDY, JIM	12 NAME	Dennis Doherty	
STREET ADDRESS	9471 117TH ST. N.	13 STREET ADDRESS	10006 133RD St. N	
CITY ST ZIP	SEMINOLE, FL	14 CITY ST ZIP	Seminole, Fl. 34646	
TITLE	VPD	21 TITLE	VPD	☑ Change ☐ Addition
NAME	DOHERTY, DENNIS	22 NAME	Ron Volden	
STREET ADDRESS	14412 90TH ST. N.	23 STREET ADDRESS	13563 Monalee Ave.	
CITY ST ZIP	SEMINOLE FL	24 CITY ST ZIP	Seminole, Fl. 34646	
TITLE	STD	31 TITLE	STD	☑ Change ☐ Addition
NAME	GREENWAY, MAUREEN	32 NAME	Paule He Barretto	
STREET ADDRESS	13522 CORDOVA	33 STREET ADDRESS	12157 98th Ave N.	
CITY ST ZIP	SEMINOLE FL	34 CITY ST ZIP	Seminole, Fl. 34642	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MCAUADDY, PEG	42 NAME		
STREET ADDRESS	9471 117TH ST. N.	43 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JAMIESON, BILL	52 NAME		
STREET ADDRESS	8273 129TH LN. N.	53 STREET ADDRESS		
CITY ST ZIP	SEMINOLE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MCNAMEE, JUDY	62 NAME		
STREET ADDRESS	12388 83RD AVE. N.	63 STREET ADDRESS		
CITY ST ZIP	SEMINOLE, FL	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)(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 asterisk.

SIGNATURE: Dennis Doherty DENNIS DOHERTY 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date

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