

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 747589 (0)**

1. Corporation Name

**SEMINOLE WARHAWK FOOTBALL BOOSTERS, INC.**

Principal Place of Business

**8410 131ST STREET NORTH  
P.O. BOX 3451  
SEMINOLE FL 34642**

Mailing Address

**8410 131ST STREET NORTH  
P.O. BOX 3451  
SEMINOLE FL 34642**



3. Date Incorporated or Qualified  
**06/12/1979**

3a. Date of Last Report  
**05/01/1995**

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**

8. 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

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

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 **PD** ☐ DELETE  
NAME **DENNIS, DOHERTY**  
STREET ADDRESS **10006 133RD ST. N**  
CITY-ST-ZIP **SEMINOLE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **VOLDEN, RON**  
STREET ADDRESS **13563 MONALEE AVE**  
CITY-ST-ZIP **SEMINOLE FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **Terry Thompson**  
2.3 STREET ADDRESS **9821 Portside Dr.**  
2.4 CITY-ST-ZIP **Seminole Dr 34646**

TITLE **STD** ☐ DELETE  
NAME **BARRETTO, PAULETTE**  
STREET ADDRESS **12157 98TH AVE NORTH**  
CITY-ST-ZIP **SEMINOLE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCAUADDY, PEG**  
STREET ADDRESS **9471 117TH ST. N.**  
CITY-ST-ZIP **SEMINOLE FL**

4.1 TITLE **D Kemp, Katherine** ☒ Change ☐ Addition  
4.2 NAME **12265 - 89th Terrace N.**  
4.3 STREET ADDRESS **Seminole FL 34642**  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JAMIESON, BILL**  
STREET ADDRESS **8273 129TH LN. N.**  
CITY-ST-ZIP **SEMINOLE FL**

5.1 TITLE **DBarr Cynthia J.** ☒ Change ☐ Addition  
5.2 NAME **12367 Monarch Cir.**  
5.3 STREET ADDRESS **Seminole FL 34642**  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCNAMEE, JUDY**  
STREET ADDRESS **12388 83RD AVE. N.**  
CITY-ST-ZIP **SEMINOLE, FL**

6.1 TITLE **D William J Arcand** ☒ Change ☐ Addition  
6.2 NAME **13688 SERENA DR.**  
6.3 STREET ADDRESS **LAKEO FL 34642**  
6.4 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)(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:

*Dennis Doherty*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

813 595-0217

Daytime Phone #

CR2E037 (12/95)