

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 346428410 131ST STREET NORTH  
P.O. BOX 3451  
SEMINOLE FL 33775-34513. Date Incorporated or Qualified  
06/12/19793a. Date of Last Report  
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; 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                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | DENNIS, DOHERTY      |  |
| STREET ADDRESS | 10006 133RD ST. N    |  |
| CITY-ST-ZIP    | SEMINOLE FL          |  |
| TITLE          | VPD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | THOMPSON, TERRY      |  |
| STREET ADDRESS | 9821 PORTSIDE DR     |  |
| CITY-ST-ZIP    | SEMINOLE FL          |  |
| TITLE          | STD                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | BARRETTO, PAULETTE   |  |
| STREET ADDRESS | 12157 98TH AVE NORTH |  |
| CITY-ST-ZIP    | SEMINOLE FL          |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | KEMP, KATHERINE      |  |
| STREET ADDRESS | 12265-89TH TERR, N   |  |
| CITY-ST-ZIP    | SEMINOLE FL          |  |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | BARR, CYNTHIA J.     |  |
| STREET ADDRESS | 12367 MONARCH CIRCLE |  |
| CITY-ST-ZIP    | SEMINOLE FL          |  |
| TITLE          | D                    | <input type="checkbox"/> DELETE            |
| NAME           | ARCAND, WILLIAM J.   |  |
| STREET ADDRESS | 13888 SERENA DR      |  |
| CITY-ST-ZIP    | LARGO FL             |  |

|                    |                   |  |
|--------------------|-------------------|--|
| 1.1 TITLE          | PD                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Dan MacKay        |  |
| 1.3 STREET ADDRESS | 13850 Trinidad Dr |  |
| 1.4 CITY-ST-ZIP    | Seminole FL 33772 |  |
| 2.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                   |  |
| 2.3 STREET ADDRESS |                   |  |
| 2.4 CITY-ST-ZIP    |                   |  |
| 3.1 TITLE          | STD               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Christine Douglas |  |
| 3.3 STREET ADDRESS | 12173 80 AVE N    |  |
| 3.4 CITY-ST-ZIP    | Seminole FL 33772 |  |
| 4.1 TITLE          | D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Powers, Carol     |  |
| 4.3 STREET ADDRESS | 13820 88 AVE N    |  |
| 4.4 CITY-ST-ZIP    | Seminole FL 33772 |  |
| 5.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                   |  |
| 5.3 STREET ADDRESS |                   |  |
| 5.4 CITY-ST-ZIP    |                   |  |
| 6.1 TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                   |  |
| 6.3 STREET ADDRESS |                   |  |
| 6.4 CITY-ST-ZIP    |                   |  |

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

4/29/97

873-738-1847

Daytime Phone # 0051864

CR2E037 (9/96)