

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 # 753151 (0)
1. Corporation Name
PATRIOT ATHLETIC BOOSTER ASSOCIATION, INC.



Principal Place of Business
**3001 SW COLLEGE ROAD
GYM
OCALA FL 32674-4415**

Mailing Address
**3001 SW COLLEGE ROAD
GYM
OCALA FL 32674-4415**

3. Date Incorporated or Qualified **06/27/1980** 3a. Date of Last Report **06/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2019639	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			
25. Zip	30. Zip			

9. Name and Address of Current Registered Agent

**MCGINNIS, MICHAEL
3001 SW COLLEGE ROAD
OCALA FL 32678**

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 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 **Michael McGinnis, Managing Director 1-16-96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DM	<input type="checkbox"/> DELETE
NAME	MCGINNIS, MICHAEL	
STREET ADDRESS	1101 SW 23RD PL	
CITY - ST - ZIP	OCALA, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MORAN, BOBBI	
STREET ADDRESS	5395 SW 31ST ST.	
CITY - ST - ZIP	OCALA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DON HUNT	
STREET ADDRESS	P.O. BOX 770147 N/A	
CITY - ST - ZIP	OCALA FL 34477	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REAGAN, TIM	
STREET ADDRESS	5660 NW 59TH COURT	
CITY - ST - ZIP	OCALA FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MORELOCK, TOMMY	
STREET ADDRESS	3630 SW 24 ST	
CITY - ST - ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD
4.3 STREET ADDRESS	Morelock, Tommy
4.4 CITY - ST - ZIP	3630 SW 24th St
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ocala FL 34474
5.3 STREET ADDRESS	David B. Langston
5.4 CITY - ST - ZIP	317 NW 4th Ave Apt 3
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chiefland, FL 32626
6.3 STREET ADDRESS	
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 any attachment with an address.

SIGNATURE: *Michael McGinnis* **Michael McGinnis, Managing Director 1-16-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **904-237-2111 Ext. 325**

CR2E037 (12/95)