

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753151 (0)**

1. Corporation Name  
**PATRIOT ATHLETIC BOOSTER ASSOCIATION, INC.**

Principal Place of Business <b>3001 SW COLLEGE ROAD GYM OCALA FL 32674-4415</b>	Mailing Address <b>3001 SW COLLEGE ROAD GYM OCALA FL 32674-4415</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/27/1980</b>
4. FEI Number <b>59-2019639</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DM</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGINNIS, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>1101 SW 23RD PL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORAN, BOBBY</b>	2.2 NAME	
STREET ADDRESS	<b>5395 SW 31ST ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DON HUNT</b>	3.2 NAME	<b>Barbara Jones</b>
STREET ADDRESS	<b>P.O. BOX 770147 N/A</b>	3.3 STREET ADDRESS	<b>3425 SE 36th Loop</b>
CITY-ST-ZIP	<b>OCALA FL 34477</b>	3.4 CITY-ST-ZIP	<b>Ocala, FL 34471</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORELOCK, TOMMY</b>	4.2 NAME	<b>Dr. Ryan Maxwell</b>
STREET ADDRESS	<b>3630 SW 24TH ST</b>	4.3 STREET ADDRESS	<b>2930 SE 3rd Ct.</b>
CITY-ST-ZIP	<b>OCALA FL</b>	4.4 CITY-ST-ZIP	<b>Ocala, FL 34474</b>
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANGSTON, DAVID B.</b>	5.2 NAME	<b>Rick Dearing</b>
STREET ADDRESS	<b>317 4TH AVE APT 3</b>	5.3 STREET ADDRESS	<b>6025 SE 46th Ave Rd</b>
CITY-ST-ZIP	<b>CHIEFLND FL</b>	5.4 CITY-ST-ZIP	<b>Ocala, FL 34480</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Michael McGinnis* **873-5807**

CR2E037 (10/97)