NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 760609

1. Corporation Name

GOLDSEEKER'S BOOSTER CLUB, INC.

Principal Place of Business 13211 93RD STREET NORTH LARGO FL 33773-326

2. Principal Place of Business

Mailing Address

2a. Mailing Address

13211 93RD STREET NORTH LARGO FL 34643

LARGO FL 33773-326 US FILED
Mar 11, 1999 8:00 am \$
Secretary of State
03-11-1999 90069 038 ****70.00

3. Date Incorporated or Qualifed

21		26			11/05/1981			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For	
22	•	27			59-2138452	Not	Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 A		
23					5. Certificate of Status Desired	Fee Red	uired	
Zip	Country Zip			try	6. Election Campaign Financing	\$5.00	*	
24	25 29 33773 30			Trust Fund Contribution Added to F		Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			18	31 Name	LARCH W. STATTE			
LAWSON, RANDY				82 Street Address (P.O. Box Number is Not Acceptable)				
10100 WILSON AV					2、金额是没有了一定和		_	
SEMINOLE FL 33776				33				
				34 City		85 Zip C	ode	
			1	1,		FL 20%		
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	es, the about	ove-named co	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	se of changing its i	registered istered	
οπιce or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statut	es.	and the second of the second o	F	.	
SIGNATURE	Wester.	1/-			2/25/99			
	Signature, typed or printed name of registered ag			gent signature requ	ADDITIONS/CHANGES TO OFFICER	=	20 IN 12	
12.		ND DIRECTORS	13.	- 10	ADDITIONS/CHANGES TO OFFICER	Change	P Addition	
TITLE	SD		1.1 TITL		RICHARDSON, DEE	onengo	i iodino.	
NAME	COLVILLE, PAMELA J		1.2 NAM	1				
STREET ADDRESS	6244 107TH AVE N				304 INDIAN ROCKS ROAD			
CITY-ST-ZIP	PINELLAS PARK FL 33782	NELLAS PARK FL 33782			BELLEAIR, FL 33756	Change	Addition	
TITLE	PD	☐ DELETE	2.1 TITL	E I	LAWSON RANDY	L Prollange		
NAME	DANSON, IMNUT		2.2 NAM		10100 WILSON AVE			
STREET ADDRESS	10100 MILOON AVE			EET ADDRESS	SEMINOLE FL 33776			
CITY-ST-ZIP	OCHINIOLE I L		_		SEMINDLE FL 33116	Change	Addition	
TITLE	VPD	L.J DELETE				Change	, ,aanaon	
NAME	TUCKER, MIKE		3.2 NAM					
STREET ADDRESS	1			EET ADDRESS				
CITY-ST-ZIP	LARGO FL	[DELETE	_	Y-ST-ZIP	TD .	Tt Change	Addition	
TITLE	TD	☐ DELETE	4.1 TTL	'		(*) Orlange		
NAME	SMITH, MALOU		4. 2 NA	NE 3	MITH, MALCU			
STREET ADDRESS	(0000 12:11:1 2 11:12				10690 HARBORSIDE DR.			
CITY-ST-ZIP	TOP THE			-ST-ZIP	LARGO, FL 33773 _	☐ Change	Addition	
TITLE	VP	₩ NETE I E	5.1 TITL 5.2 NAM		• •		<u> </u>	
NAME	DOLAN, DIANNE				RANNON, DEBBIE			
STREET ADDRESS				-ST-ZIP	3191 93RD ST. N. SEMUNDIE #1 3377	7		
CITY-ST-ZIP	ST. PETERSBURG FL 33709	☐ DELETE	6.1 TITL		SEMUNOLE, FL 3377	Change	☐ Addition	
TITLE	D	□ nere ie	6.2 NAM			□ criange		
NAME	NOBEL, DEBBIE			EET ADDRESS				
	2020 LEES COURT							
CITY-ST-ZIP	CLEADWATER EL 33764		6.4 CIT	/-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 suppliemental 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 9 97 727-585-60