

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 # 760764 (1)

1. Corporation Name

NEW SMYRNA BEACH BARRACUDA BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

100 BARRACUDA BLVD
P.O. BOX 2686
NEW SMYRNA BEACH FL 32170

100 BARRACUDA BLVD
P.O. BOX 2686
NEW SMYRNA BEACH FL 32170

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/19/1981

3a. Date of Last Report

04/06/1995

4. FEI Number

59-2159662

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

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

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	TD	<input type="checkbox"/> DELETE
NAME	KENNEDY, CATHERINE A	
STREET ADDRESS	2615 AUBURN AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MEARES, SANDRA G	
STREET ADDRESS	167 SPRUCE ST.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TRAUB, ROSE	
STREET ADDRESS	2613 CHESTER AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAPRADE, LOIS	
STREET ADDRESS	822 22ND AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32169	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORAL, JEAN	
1.3 STREET ADDRESS	3208 UMBRELLA TREE	
1.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CATHERINE ELLEDGE	
2.3 STREET ADDRESS	2941 WOODLAND DR.	
2.4 CITY-ST-ZIP	EDGEWATER, FL 32141	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM ELLEDGE	
3.3 STREET ADDRESS	2941 WOODLAND DR.	
3.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
4.1 TITLE	VD JEAN CORAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3208 UMBRELLA TREE	
4.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
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 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: *William Elledge* *WILLIAM ELLEDGE* 4/28/96 904/423-9249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)