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FILED

Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32170100 BARRACUDA BLVD
P.O. BOX 2686
NEW SMYRNA BEACH FL 32170-26863. Date Incorporated or Qualified
11/19/19813a. Date of Last Report
05/01/19964. FEI Number
59-2159662Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & 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

PETERSON, JR., SID C.
418 CANAL STREET
NEW SMYRNA BEACH FL 32169

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 TD ☒ DELETE
NAME CORAL, JEAN
STREET ADDRESS 3208 UMBRELLA TREE
CITY-ST-ZIP EDGEWATER FL1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME Owens, Pam
1.3 STREET ADDRESS 2201 Sierra Dr.
1.4 CITY-ST-ZIP New Smyrna Beach, FL 32168TITLE S ☒ DELETE
NAME MEARES, SANDRA G
STREET ADDRESS 167 SPRUCE ST.
CITY-ST-ZIP NEW SMYRNA BCH FL 321682.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Nelson, Lynn
2.3 STREET ADDRESS 317 Due East St.
2.4 CITY-ST-ZIP New Smyrna Beach, FL 32169TITLE PD ☒ DELETE
NAME ELLEDGE, WILLIAM
STREET ADDRESS 2941 WPPDAMD DR
CITY-ST-ZIP EDGEWATER FL3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME Earley, David
3.3 STREET ADDRESS 1460 Tatum Blvd
3.4 CITY-ST-ZIP New Smyrna Beach, FL 32168TITLE VD ☒ DELETE
NAME CORAL, JEFF S
STREET ADDRESS 3208 UMBRELLA TREE
CITY-ST-ZIP EDGEWATER FL4.1 TITLE VD ☒ Change ☐ Addition
4.2 NAME Crain, Eddie
4.3 STREET ADDRESS 834 E 13th Ave
4.4 CITY-ST-ZIP New Smyrna Beach, FL 32169TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

David Earley 2-2-97 904-427-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 904-427-5082

CR2E037 (9/96)