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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # 760764**

1. Corporation Name

**NEW SMYRNA BEACH BARRACUDA BOOSTER CLUB, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

11/19/1981

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

9. Name and Address of Current Registered Agent

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

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 ☒ DELETE  
NAME TD  
STREET ADDRESS OWENS, PAM  
CITY-ST-ZIP 2201 SIERRA DR.  
NEW SMYRNA BEACH FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS DAVIS, CHERYL  
CITY-ST-ZIP 1401 CALIBAN CT  
NEW SMYRNA BEACH FL 32168

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS HERBERT, GLENN  
CITY-ST-ZIP 4170 SAXON DR  
NEW SMYRNA BEACH FL 32169

TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS STEELE, CINDY  
CITY-ST-ZIP 466 PALMETTO ST  
EDGEWATER FL 32132

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Wrobel, Bonny  
1.3 STREET ADDRESS 2934 Pioneer Trail  
1.4 CITY-ST-ZIP New Smyrna Bch, FL 32169

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VP  
4.3 STREET ADDRESS Jimmy Ferrara  
4.4 CITY-ST-ZIP 8320 8th Ave  
New Smyrna Bch, FL 32169

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

904-426-6222

Daytime Phone #

CR2E037 (11/98)