

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:34

DOCUMENT # 765531 (9)

1. Corporation Name

NORTHEAST SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 20661  
ST. PETERSBURG FL 33742-7000

P.O. BOX 20661  
ST. PETERSBURG FL 33742-7000

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/22/1982                                                                                                                | 3a. Date of Last Report<br>05/12/1994 |
| 4. FEI Number<br>40-6223022                                                                                                                                    | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3)<br>Tax Exempt Status<br><input checked="" type="checkbox"/>                                                                    | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIPAN, MARY ANN  
6012 10TH ST NE  
ST PETERSBURG FL 33703

|                                                                        |
|------------------------------------------------------------------------|
| 81 Name<br>MARY ANN FISHER                                             |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>6012 19 ST NE |
| 83                                                                     |
| 84 City<br>ST PETERSBURG                                               |
| 85 Zip Code<br>FL 33703                                                |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Mary Ann Fisher*

(NOTE: Registered Agent Signature required when reappointing)

2/13/95

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|----------------------------|-------------------------------------------------------|------------------------|
| TITLE<br>PD                | LIPAN, MARY ANN            | 1.1 TITLE<br>PD                                       | MARY ANN FISHER        |
| NAME                       | 6012 10TH ST. NE           | 1.2 NAME                                              | 6012 19 ST NE          |
| STREET ADDRESS             | ST PETERSBURG, FL 00000    | 1.3 STREET ADDRESS                                    | ST PETERSBURG FL 33703 |
| CITY-ST-ZIP                |                            | 1.4 CITY-ST-ZIP                                       |                        |
| TITLE<br>DT                | STULL, DONNA               | 2.1 TITLE                                             |                        |
| NAME                       | 1800 OHIO AVENUE NE        | 2.2 NAME                                              |                        |
| STREET ADDRESS             | ST PETERSBURG, FL 00000    | 2.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                            | 2.4 CITY-ST-ZIP                                       |                        |
| TITLE<br>DS                | HARMELING, SUSAN           | 3.1 TITLE                                             |                        |
| NAME                       | 5060 WHITE PINE CIRCLE, NE | 3.2 NAME                                              |                        |
| STREET ADDRESS             | ST PETERSBURG, FL 00000    | 3.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                            | 3.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                            | 4.1 TITLE                                             |                        |
| NAME                       |                            | 4.2 NAME                                              |                        |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                            | 4.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                            | 5.1 TITLE                                             |                        |
| NAME                       |                            | 5.2 NAME                                              |                        |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |                            | 6.1 TITLE                                             |                        |
| NAME                       |                            | 6.2 NAME                                              |                        |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |                            | 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)(b), 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:

*Mary Ann Fisher*

Mary Ann Fisher

2/13/95

813-345-9111

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Number 2