

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 # 766756 (1)
1. Corporation Name
SEMINOLE HIGH SCHOOL BASEBALL BOOSTERS CLUB, INC.



Principal Place of Business: **8401-131ST STREET NORTH
ATTN: ~~BILL BRINKER~~ Richard Chapman
SEMINOLE FL 33542**

Mailing Address: **8401-131ST STREET NORTH
ATTN: ~~BILL BRINKER~~ Richard Chapman
SEMINOLE FL 33542**

3. Date Incorporated or Qualified: **01/28/1983**
3a. Date of Last Report: **03/27/1995**

4. FEI Number: **59-2871541**
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

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**

2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**MCAVADDY, JAMES F
9471 - 117 ST NORTH
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

81 Name: **DAVE C. PANO**
82 Street Address (P.O. Box Number is Not Acceptable): **9624 134th St N**
83 City: **DAVID PANO**
84 City: **SEMINOLE** **85** Zip Code: **FL 33542**

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

David Pano David Pano? 2/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: STD. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PANO, DAVE C.		1.2 NAME: meg stegbauer
STREET ADDRESS: 9624 134TH ST N.		1.3 STREET ADDRESS: 8275 140th st N
CITY-ST-ZIP: SEMINOLE FL		1.4 CITY-ST-ZIP: seminole, FL
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BULTMANN, KURT		2.2 NAME:
STREET ADDRESS: 8001 124TH ST N.		2.3 STREET ADDRESS:
CITY-ST-ZIP: SEMINOLE FL		2.4 CITY-ST-ZIP:
TITLE: STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MCAVADDY, JAMES F		3.2 NAME:
STREET ADDRESS: 9471-117 ST NO		3.3 STREET ADDRESS:
CITY-ST-ZIP: SEMINOLE FL		3.4 CITY-ST-ZIP:
TITLE: STD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Meg Stegbauer		4.2 NAME:
STREET ADDRESS: 8275 140th st N		4.3 STREET ADDRESS:
CITY-ST-ZIP: Seminole, FL		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Meg Stegbauer* **Meg Stegbauer 2/13/96 (813) 547-7536**

CF2E037 (12/95)