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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

767889

(9)

TITUSVILLE TERRIER BOOSTER CLUB, INC.

| Principal Place of Business Mailing Address | | | | | | | JIF BIBIL BIBIL A | ARAH BURUN DI | JE 040 FODA | |
|--|--|---|---|------------|--------------------------------------|--|---------------------------|--------------------------|---|--|
| 150 TERRIOR TRAIL TITUSVILLE FL 33780 US | | P O BOX 1403 TITUSVILLE FL 32781-1403 US | | | | | | | | |
| 03 | | 00 | | | | 3. Date Incorporated or Qualified 04/11/1983 | | of Last Re 3/22/198 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | *************************************** | | | 4. FEI Number | | Ap | plied For | |
| Suite, Apt. | # oto | Suite, Apt #, etc. | | | | 59-2284314 | · | | ot Applicable | |
| 22 | #, etc. | 27 | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing | L) | \$5.00 | | |
| 23 Ζίρ | Country | Zip | Cour | itry | | Trust Fund Contribution | | Added t | | |
| 24 | 25 | 29 | 30 | ·•• J | | 8. This corporation has liability for intangible tax under s. 199.032, Ftorida Statutes Yes No | | | | |
| ,_ | 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | 1 | 81 | Name | | | | • | |
| KEGEL, STEVEN K. | | | Ī | 82 | Street Addres | Address (P.O. Box Number is Not Acceptable) | | | | |
| 6080 WHISPERING LANE TITUSVILLE FL 32780 | | | <u> </u> | B3 | | | | | | |
| 1110201 | LE FL 32/80 | | | | | | | | | |
| | | | | 84 | City | | FLI | | Code | |
| 11. Pursuant to office or re | to the provisions of Sections 617,050 egistered agent, or both, in the State | 7 and 617.1508, Florida Stat of Florida. Such change was | utes, the ab | by ove- | named corporatio | ration submits this statement for the punis board of directors. I hereby accep | urpose of chit the appoin | nanging it: ntment as | s registered registered | |
| agent. I a | m facilitar with, and accept the oblig | | | | | 400. | 6 6 | 10.7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| SIGNATURE | Signature, typed or printed name of registred ac- | of and title if applicable (Al | | | 36EL nt signature required | When reinstation) | <u>-5, [7</u> | II /_ | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | n og nord rodgered | ADDITIONS/CHANGES TO OFFIC | ERS AND C | PIRECTOR | S IN 12 | |
| TITLE | ₩ VD | DELETE | 1.1 TIT | .E | P | D | | Change | Addition | |
| NAME | SPARKMAN, GREG | - Little | 1.2 NA | ME | | SERT HEADLEY | | | | |
| STREET ADDRESS | 4595 HELENA DRIVE | Salaste | 1.3 STR | REET A | | 95 HUTCHINSON PU | | | | |
| CITY-ST-ZIP | TITUSVILLE FL | | 1.4 DIT | | | tusville , FL. 32 | .780 | | | |
| TITLE | VD | DELETE | 21 111 | | | / D | • | Change | . Addition | |
| NAME | GREEN, PATTY | | 22 NAJ | | G | ARY GREY 215 BARONGT M | duc | | | |
| STREET ADDRESS | 6021 BANBURY AVENUE COCOA FL | | | | ADDRESS 7 | COA FL 3292 | 7-79 | 01 | | |
| CITY-ST-ZIP TITLE | TD | ☐ DELETE | 2. 4 CIT | | ···· | VD VD | / - / C | Change | Addition | |
| NAME | KEGEL, STEVEN | | 3.2 NAI | | | Att SISKO | | | | |
| STREET ADDRESS | 6080 WHISPERING LANE | | 3.3 STF | REET A | | 02 WINDOVER WAY | | | | |
| CITY-ST-ZIP | TITUSVILLE FL | | 3.4. 00 | [Y-\$1 | | itusvicus, FL. 3278 | 0 | | | |
| TITLE | \$ | DELETE | 4.1 111 | E | | 70 | | Change | ☐ Addition | |
| NAME | SPROUSE, CATHY | | 4. 2 NA | | 31 | M GUMBURGREE | | | | |
| STREET ADDRESS | 4449 PONDS DRIVE | | | | ADDRESS 77 | TO BRACON AVE | | | | |
| CITY-ST-ZIP | COCOA FL | SA DELETE | 4.4 CIT | | -ZIP | HUSVILLE, PL, 8278 | 0 | | Addition | |
| TITLE | S nappra par | X DELETE | 5.1 TITE | | | 5 | - | Change | Addition | |
| NAME execut appared | BARDEN, PAT | | 5.2 NA | | ADDRESS I | bro floor | | | | |
| STREET ADDRESS City-St-zip | 1785 NASSAU DR TITUSVILLE FL | | 5.3 STF | | 1 2 - | erst. John, PL 32 | 1927 | | | |
| TITLE | TD | DELETE | 6.1 TIT | | -4m 1 5 | VD | | Change | Addition | |
| NAME | GREEN, PATTY | ••• | 6.2 NA | | 120 | eg sparkman . | _ | • | | |
| STREET ADORESS | 6021 BANBURY AVE | | | | ADDRESS US | 95 HELBNA DRIVE | | | | |
| CITY - ST - ZIP | COCOA FL | | 6.4 CIT | | | tuovice FL 37 | V780 | | | |
| 14. I do heret | by certify that the information supplie | d with this filing does not que | alify for the e | exen | mption stated i | in Section 119.07(3)(i), Florida Statutes | . I further o | ertify 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 regions or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name | | | | | | | | | | |

SIGNATURE:

appears in Block 12 or Block 13

NONATURE AN TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Daylime Phone # 0018181

Date

FILED

May 16 1997 8:00am

Secretary of State