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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **770147**

1. Corporation Name
PALM BEACH COUNTY SEMINOLE BOOSTERS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 14653 N. PALM BEACH FL 33408	P. O. BOX 14653 N. PALM BEACH FL 33408

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	3. Date Incorporated or Qualifed 09/08/1983 4. FEI Number 59-2315725 ☐ Applied For ☐ Not Applicable 5. Certifcate 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	10. Name and Address of New Registered Agent
CAPKO, WILLIAM G 1700 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PETERSON, ANN		1.2 NAME	Bill Golson	
STREET ADDRESS	120 LA MONCHA AVENUE		1.3 STREET ADDRESS	13886 88th Place	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-ST-ZIP	W. Palm Beach, Fl. 33412	
TITLE	VD	☒ DELETE	2.1 TITLE	PED	☐ Change ☒ Addition
NAME	BRENT, BONNIE		2.2 NAME	Samuel Humphries	
STREET ADDRESS	6206-1 RIVERWALK LANE		2.3 STREET ADDRESS	4316 Elm Street	
CITY-ST-ZIP	JUPITER FL 33458		2. 4 CITY-ST-ZIP	Palm Bch Gardens, Fl. 33410	
TITLE	SD	☒ DELETE	3.1 TITLE	VPD	☐ Change ☒ Addition
NAME	BUSH, LINDA		3.2 NAME	Melanie Purvis	
STREET ADDRESS	P.O. BOX 12734, N/A		3.3 STREET ADDRESS	1659 Brandywine Rd # 6215	
CITY-ST-ZIP	LAKE PARK FL 33403		3.4. CITY-ST-ZIP	West Palm Beach, Fl. 33409	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	KOTLER, RANDY		4. 2 NAME	Andrew Hoyt	
STREET ADDRESS	10939 LA SALINAS CIRCLE		4.3 STREET ADDRESS	9865 Daisey Ave	
CITY-ST-ZIP	BOCA RATON FL 33428		4.4 CITY-ST-ZIP	Palm Bch Gardens, Fl. 33410	
TITLE	PED	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	GOLSON, BILL		5.2 NAME	Sandy Golson	
STREET ADDRESS	13886 88TH PLACE N.		5.3 STREET ADDRESS	1461 39th Street	
CITY-ST-ZIP	WEST PALM BEACH FL 33412		5.4 CITY-ST-ZIP	West Palm Beach, Fl. 33407	
TITLE	CD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	ZAMMIT, PHIL		6.2 NAME	Philip Zammit	
STREET ADDRESS	124 CHORE COURT, #309		6.3 STREET ADDRESS	124 Shore Ct. #309	
CITY-ST-ZIP	NORHT PALM BEACH FL 33408		6.4 CITY-ST-ZIP	N. Palm Beach, Fl. 33408	

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/7/99 561-659-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)