2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 01, 2002 8:00 am
Secretary of State
09-11-2002 90100 021 ****61.25

DOCUMENT # N01000003754

1. Entity Name

WAKULLA SPIRIT BOOSTERS ASSOCIATION, INC.

99988

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O WAKULLA HIGH SCHOOL 3237 COASTAL HWY. CRAWFORDVILLE FL 32327	C/O WAKULLA HIGH SCHOOL 3237 COASTAL HWY. CRAWFORDVILLE FL 32327

2. Principal Place of Business	3. Mailing Address
3237 Coastal Hwy	P.O. Box 1346
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville, FL	City & State: Crawfordville, FL
Zip: 32327 Country: Wakulla	Zip: 32326 Country: Wakulla

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, LESHAN 24 IRON WOOD CT. CRAWFORDVILLE FL 32327	Name: Carol Martinez Street Address (P.O. Box Number is Not Acceptable): 3237 Coastal Hwy City: Crawfordville, FL FL Zip Code: 32327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Carol Martinez — 9/6/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, LESHAN 24 IRONWOOD CT. CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Carol Martinez 9 Eagles Ridge Drive Crawfordville, FL 32327 Director ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARRAWAY, JANICE 3237 COASTAL HWY CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kathy Gaynor 8 Sharman Circle Crawfordville, FL 32327 Director ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, ELISA 228 BAY PINE DR. CRAWFORDVILLE FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Geneva Manning 51 Honeysuckle Lane Crawfordville, Florida 32327 Director ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLEY, CHRIS P.O. BOX 610 CRAWFORDVILLE FL 32326	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Debbie Nazworth 40 Damon Circle Crawfordville, FL 32327 Director ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 9/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #