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TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N01368** **(2)**

1. Corporation Name

SEMINOLE BOOSTERS OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
P O BOX 150130 CAPE CORAL FL 33915	P O BOX 150130 CAPE CORAL FL 33915

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0032753 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc (22) | Suite, Apt. #, etc (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

ZEIGLER, SCOTT G.
7470 GARRY ROAD
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ZEIGLER, SCOTT G.	12 NAME	SIMPSON, EDNA	
STREET ADDRESS	7570 GARRY ROAD	13 STREET ADDRESS	1920 VICTORIA AVE	
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	FT. MYERS, FL 33901	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SIMPSON, EDNA	22 NAME	BRdear, RON	
STREET ADDRESS	1920 VICTORIA AVE	23 STREET ADDRESS	3635 WINKLER AVE # 615	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	FT. MYERS, FL 33916	
TITLE	SD	31 TITLE	SD	☐ Change ☐ Addition
NAME	HALL, LYNN	32 NAME	ABAIED SAMELA	
STREET ADDRESS	8049 KANSAS RD SW	33 STREET ADDRESS	918 SE 34TH ST.	
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP	CAPE CORAL FL	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	ABAIED, JAMELA	42 NAME	SKIPPER, ANITA	
STREET ADDRESS	918 SE 34TH ST	43 STREET ADDRESS	6213 PRESIDENTIAL CT. Suite A	
CITY ST ZIP	CAPE CORAL FL	44 CITY ST ZIP	FT. MYERS, FL 33919	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SELL, BARRY	52 NAME		
STREET ADDRESS	3350 N. KEY DR., A-504	53 STREET ADDRESS		
CITY ST ZIP	N. FT. MYERS FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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.

SIGNATURE: _____ 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date)

813 337-7771
(Telephone Number)

006A771