

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 # 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

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CAPE CORAL FL 33915

3. Date Incorporated or Qualified
02/09/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Ron Brodeur
82 Street Address (P.O. Box Number is Not Acceptable)
2017 Clubhouse Rd
83
84 City
N Ft Myers
85 Zip Code
FL 33917

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	SIMPSON, EDNA	
STREET ADDRESS	1920 VICTORIA AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	☐ DELETE
NAME	BREDEUR, RON Brodeur	
STREET ADDRESS	3635 WINKLEE AVE., #615	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	☒ DELETE
NAME	ABAIED, SAMELA	
STREET ADDRESS	918 S E 34TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	☐ DELETE
NAME	SKIPPER, ANITA	
STREET ADDRESS	6213 PRESIDENTIAL CT., STE A	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	☐ DELETE
NAME	SELL, BARRY	
STREET ADDRESS	3350 N. KEY DR., A-504	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	Brodeur Ron	
2.3 STREET ADDRESS	2017 Clubhouse Rd	
2.4 CITY-ST-ZIP	N Ft Myers FL 33917	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	Jennifer Dawson	
3.3 STREET ADDRESS	25500 Cockleshell Dr	
3.4 CITY-ST-ZIP	Donita Springs FL 33923	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	500001782915	
5.4 CITY-ST-ZIP	-04/16/96--01131--041	
	***61.25	
6.1 TITLE	VP	☐ Change ☒ Addition
6.2 NAME	Dorch, Gene	
6.3 STREET ADDRESS	5741 New Road	
6.4 CITY-ST-ZIP	N Ft Myers FL 33905	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/96 941-731-6665

CR2E037 (12/95)