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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 02/09/1984

4. FEI Number: 65-0032753 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRODEUR, RON
2077 CLUBHOUSE RD
N FT. MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: Robert SHEARMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1715 MONROE ST.
83
84 City: FT. MYERS, FL **FL** 85 Zip Code: 33901

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: Edna P. Simpson 2/22/98
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	D	☐ DELETE	1.1 TITLE	P.	☐ Change ☐ Addition
NAME	SIMPSON, EDNA		1.2 NAME	ROBERT SHEARMAN	
STREET ADDRESS	1920 VICTORIA AVE		1.3 STREET ADDRESS	1715 MONROE ST.	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	P	☑ DELETE	2.1 TITLE	S	☑ Change ☐ Addition
NAME	KOTTT KAMP, JEFFREY D.		2.2 NAME	EDNA P. SIMPSON	
STREET ADDRESS	1715 MONROE ST		2.3 STREET ADDRESS	1920 VIRGINIA AV. #602	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	V	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	SHERMAN, ROBERT		3.2 NAME	ROBERT BROOKS	
STREET ADDRESS	1715 MONROE ST		3.3 STREET ADDRESS	PO BOX 150130 N/A	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	CAPE CORAL, FL 33915	
TITLE	ST	☐ DELETE	4.1 TITLE	V.	☐ Change ☐ Addition
NAME	BROOKS, ROBERT A.		4.2 NAME	LARRY RINGERS	
STREET ADDRESS	PO BOX 150130 N/A		4.3 STREET ADDRESS	1371 CURRIER CR.	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	D	☐ DELETE	5.1 TITLE	D.	☐ Change ☐ Addition
NAME	SELL, BARRY		5.2 NAME		
STREET ADDRESS	3350 N. KEY DR., A-504		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D.	☐ Change ☐ Addition
NAME	WADE, ROBERT L.		6.2 NAME		
STREET ADDRESS	1920 VIRGINIA AVE #602		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

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SIGNATURE: Robin L. Brodeur 2/22/98 332-4950
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OTHER THAN DIRECTOR Date Daytime Phone #