


8-19-97 B-8208 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04561** (9)
1. Corporation Name

THE BRANDON STEELER BOOSTERS, INC.



Principal Place of Business P.O. BOX 1468 VALRICO FL 33594	Mailing Address P.O. BOX 1468 VALRICO FL 33594
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 08/06/1984		3a. Date of Last Report 02/12/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 06-0184300		Applied For Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip		25 Country		29 Zip		30 Country	
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97		98		99		100	

3. Date incorporated or Qualified 08/06/1984		3a. Date of Last Report 02/12/1996	
4. FEI Number 06-0184300		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

LAPORTE, LARRY
2228 WILDWOOD HOLLOW
VALRICO FL 33594

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 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	D	1.1 TITLE	
NAME	LAPORTE, LARRY	1.2 NAME	
STREET ADDRESS	2228 WILDWOOD HOLLOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CARA, D. LEE	2.2 NAME	
STREET ADDRESS	2818 BELL SHOALS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WIERZBICKI, RALPH	3.2 NAME	
STREET ADDRESS	11316 BLACKBARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	3.4 CITY-ST-ZIP	
TITLE	ED HILL	4.1 TITLE	
NAME	ED HILL	4.2 NAME	
STREET ADDRESS	420 CORBETT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL 33547	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

8/13/97

CR2E037 (4/97)

8-19-97 B 8208 C
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ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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Mailing Address

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VALRICO FL 33594

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VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1984

3a. Date of Last Report

02/12/1996

4. FEI Number

06-0184300

Applied For

Not Applicable

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Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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TITLE D ☐ DELETE
NAME LAPOINTE, LARRY
STREET ADDRESS 2228 WILDWOOD HOLLOW
CITY-ST-ZIP VALRICO FL

TITLE D ☒ DELETE
NAME CARA, D. LEE
STREET ADDRESS 2818 BELL SHOALS ROAD
CITY-ST-ZIP BRANDON FL 33511

TITLE D ☐ DELETE
NAME WIERZBICKI, RALPH
STREET ADDRESS 11316 BLACKBARK DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ~~DELETED~~ ☐ DELETE
NAME ED HILL
STREET ADDRESS 420 CORBETT RD
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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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