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).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N04561

(9)

THE BRANDON STEELER BOOSTERS, INC.

Principal Place of Business	Mailing Address	
P.O. BOX 1468 VALRICO FL 33594	P.O. BOX 1468 VALRICO FL 33594	

appears in Block 12 or Block 13 If charged or on an attachment of an address

FILED
Aug 19 1997 8:00am
Secretary of State



								DO NOT WH		7 01 710C		
				·				3. Date incorporated or Qualifie 08/06/1984	ed 3á. I	Date of Last F 02/12/19	96	
2. Principal Pl	lace of Busines	is .	2a, Mailing	Address				4, FEI Number			oplied For	
21]			26	 				06-0184300			ot Applicable	
Sulte, Apt. 4			Suite, Ap	<u> </u>			5. Certificate of Status Desired			Additional equired		
City & State	9		City & S	tate		_		Election Campaign Financing Trust Fund Contribution	· 🗆	,	May Be to Fees	
ZIp		Country	Zip	 -	Cour	itry		8. This corporation owes or has	paid the c	urre∩t year in	tangible	
24	25	3]	29		30			Personal Property Tax due J	une 30.	Yes []:No	
	g, Name ar	d Address of Current	Registered Age	ent			J	10. Name and Address of New	Registered	l Agent		
						81 N	ame	!				
I APOINT	TE. LARRY					00 64	root Addro	so (D.O. Boy Number to Not Accor	toblo\	····-		
LAPOINTE, LARRY				}	82 Street Addi		dress (P.O. Box Number Is Not Acceptable)					
	2228 WILDWOOD HOLLOW VALRICO FL 33594				ľ	83			· ·			
VALRICO	J FL 03384				L							
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11. Pursuant t	egistered agen	it, or both, in the State	of Florida. Such	change was i	es, me ac authorized	by the	corporatio	oration submits this statement for the con's board of directors. I hereby ac	cept the an	or changing i	registered	
agent I ar	m familiar with,	and accept the obliga	tions of, Section	617.0503, Fk	orida Statu	ites.			' '	•		
SIGNATURE _												
	Signature, typed or	printed name of registered ager		(NOT		Agent sig	nature require	d when reinstating)	DATE		<u> </u>	
12.		OFFICERS AND		DE SES	13.		,	ADDITIONS/CHANGES TO OF	FICERS AN			
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8-19-97

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

AMOUNT DUE ON OR BEFORE \$/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (9) N04561 THE BRANDON STEELER BOOSTERS, INC. Principal Place of Business Malling Address P.O. BOX 1468 P.O. BOX 1468 VALRICO FL 33594 VALRICO FL 33594 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/06/1984 02/12/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 06-0184300 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees 23 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ∏:No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAPOINTE, LARRY Street Address (P.O. Box Number is Not Acceptable) 2228 WILDWOOD HOLLOW 83 VALRICO FL 33594 84 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE Change LAPOINTE, LARRY NAME 1.2 NAME 2228 WILDWOOD HOLLOW STREET ADDRESS 1.3 STREET ADDRESS VALRICO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME CARA, D. LEE 2.2 NAME 2618 BELL SHOALS ROAD STREET ADDRESS 2.3 STREET ADDRESS **BRANDON FL 33511** CHTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME WIERZBICKI, RALPH 3.2 NAME 11316 BLACKBARK DRIVE STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP RIVERVIEW FL 33569 3.4. CITY-ST-ZIP DELETE Change Addition TITLE -DEFINE 4.1 TITLE ED HILL 420 CORBETT RD 100 DELETE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 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 ampfail apport 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 fusted in many ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted for on an attachment with an address.