FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:30

DOCUMENT # **N04568** **(4)**

1. Corporation Name

VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS, INC.

Principal Place of Business	Mailing Address
C/O DAVID REVER 1540 33RD AVENUE VERO BEACH FL 32960	C/O DAVID REVER 1540 33RD AVENUE VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/06/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2503436 ☐ Applied For ☐ Not Applicable

	Principal Place of Business	Mailing Address
2. / 2a.		
21 / 26	C/O LAURIE GOVER	C/O LAURIE GOVER
Suite, Apt. #, etc. 22 / 27	830 32nd AVE.	830 32nd AVE.
City & State 23 / 28	VERO BEACH, FL.	VERO BEACH, FL.
Zip 24 / 29	32960	32960
Country 25 / 30	USA	U.S.A.

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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REVER, DAVID 1540 33RD AVE VERO BEACH FL 32960	81 Name: GOVER, LAURIE 82 Street Address (P.O. Box Number is Not Acceptable): 830 32nd AVE. 83 84 City: VERO BEACH FL 85 Zip Code: 32960

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: Laurie Gover — Laurie Gover — 3/19/95
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	11 TITLE	P.D.	☒ Change ☐ Addition
NAME	REVER, DAVID	12 NAME	GOVER, LAURIE	
STREET ADDRESS	1540 33RD AVENUE	13 STREET ADDRESS	830 32nd. AVE.	
CITY ST ZIP	VERO BEACH FL	14 CITY-ST-ZIP	VERO BEACH, FL. 32960	
TITLE	VTD	21 TITLE	V.T.D.	☒ Change ☐ Addition
NAME	HUNT, JUDY	22 NAME	HOIER, HOLLIS	
STREET ADDRESS	2513 SW 2ND ST.	23 STREET ADDRESS	7785 90th AVE.	
CITY-ST ZIP	VERO BEACH FL	24 CITY-ST-ZIP	VERO BEACH, FL. 32967	
TITLE	SD	31 TITLE	S.D.	☒ Change ☐ Addition
NAME	HELSETH, CAROLYN	32 NAME	MCCORRISON, ROBERT	
STREET ADDRESS	645 36TH AVE	33 STREET ADDRESS	2416 13TH ST.	
CITY ST ZIP	VERO BEACH FL	34 CITY ST ZIP	VERO BEACH, FL. 32962	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		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: Laurie Gover Laurie Gover 3/19/95 407-567-9125
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number