

FILE NOW: FILING FEE IS \$61.25

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Mar 18 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 # N04568 (4)
1. Corporation Name
VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS, INC.



Principal Place of Business C/O GOVER, LAURIE 830 32ND AVE. VERO BEACH FL 32960 US	Mailing Address C/O GOVER, LAURIE 830 32ND AVE. VERO BEACH FL 32960-4099 US
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2. Principal Place of Business 21 Richard Dees Suite, Apt. #, etc. 22 1290 40th AVE S.W. City & State 23 Vero Beach Fla Zip 24 32968	2a. Mailing Address 26 Laurie Gover Suite, Apt. #, etc. 27 830 32nd AVE City & State 28 Vero Beach FL Zip 29 32960	3. Date Incorporated or Qualified 08/06/1984	3a. Date of Last Report 03/05/1996
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4. FEI Number 59-2503436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GOVER, LAURIE 830 32ND AVE. VERO BEACH FL 32960	
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10. Name and Address of New Registered Agent 81 Name Dees Richard 82 Street Address (P.O. Box Number is Not Acceptable) 1290 40th AVE S.W. 83 Vero Beach Fla 84 City FL 85 Zip Code 32968	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME GOVER, LAURIE	
STREET ADDRESS 830 32ND AVE.	
CITY-ST-ZIP VERO BEACH FL	
TITLE VTD	<input type="checkbox"/> DELETE
NAME HOIER, HOLLIS	
STREET ADDRESS 7785 80TH AVE	
CITY-ST-ZIP VERO BEACH FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME MCCORRISON, ROBERT	
STREET ADDRESS 2416 1ST ST.	
CITY-ST-ZIP VERO BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Dees Richard	
1.3 STREET ADDRESS 1290 40th AVE S.W.	
1.4 CITY-ST-ZIP Vero Beach, Fla. 32968	
2.1 TITLE VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Laurie Gover	
2.3 STREET ADDRESS 830 32nd AVE	
2.4 CITY-ST-ZIP Vero Beach Fla 32960	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Debbie Collins	
3.3 STREET ADDRESS 1190 Bounty Blvd	
3.4 CITY-ST-ZIP Vero Beach Fla 32963	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 

CR2E037 (9/96)