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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90038 011 \*\*\*\*61.25

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**DOCUMENT # N04568**

1. Corporation Name

**VERO BEACH HIGH SCHOOL SWIM TEAM BOOSTERS, INC.**

Principal Place of Business

C/O RICHARD DEES  
1290 40TH AVE S.W.  
VERO BEACH FL 32968  
US

Mailing Address

C/O LAURIE COVER  
830 32ND AVE.  
VERO BEACH FL 32960



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **133 38TH CT**

3. Date Incorporated or Qualified  
**08/06/1984**

22 City & State

27 Suite, Apt. #, etc.  
28 **Vero Beach FL**

4. FEI Number  
**59-2503436**

Applied For  
Not Applicable

23 Zip Country

29 **32968** 30 **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

**DEES, RICHARD**  
**1290 40TH AVE S.W.**  
**VERO BEACH FL 32968**

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

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **DEES, RICHARD**  
CITY-ST-ZIP **1290 40TH AVE S.W.**  
**VERO BEACH FL 32968**

TITLE ☐ DELETE  
NAME **VTD**  
STREET ADDRESS **COVER, LAURIE**  
CITY-ST-ZIP **830 32ND AVE**  
**VERO BEACH FL 32960**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **COLLINS, DEBBIE**  
CITY-ST-ZIP **1190 BOUNTY BLVD**  
**VERO BEACH FL 32963**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)