

FILE NOW: FILING FEE IS \$61.25

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Jul 25 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**DOCUMENT # N10202 (2)**  
1. Corporation Name  
**THE SEMINOLE WARHAWK BAND AIDES BOOSTERS, INC.**

|                                                                                     |                                                                              |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>8401 131ST STREET NORTH<br/>SEMINOLE FL 34646</b> | Mailing Address<br><b>8401 131ST STREET NORTH<br/>SEMINOLE FL 33776-3120</b> |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



|                                             |  |                                  |  |                                                                                                                                                  |  |                                                        |  |
|---------------------------------------------|--|----------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|
| 2. Principal Place of Business<br><b>21</b> |  | 2a. Mailing Address<br><b>26</b> |  | 3. Date Incorporated or Qualified<br><b>07/15/1985</b>                                                                                           |  | 3a. Date of Last Report<br><b>07/15/1996</b>           |  |
| Suite, Apt. #, etc.<br><b>22</b>            |  | Suite, Apt. #, etc.<br><b>27</b> |  | 4. FEI Number<br><b>59-2693916</b>                                                                                                               |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| City & State<br><b>23</b>                   |  | City & State<br><b>28</b>        |  | 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                     |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| Zip<br><b>24 33776</b>                      |  | Country<br><b>25</b>             |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                               |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| Zip<br><b>29 33776</b>                      |  | Country<br><b>30</b>             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                        |  |

|                                                                                                                         |  |  |  |                                                                                                                                                                                                          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>WAICUL, THOMAS A<br/>13449 100TH AVE. N<br/>SEMINOLE FL 34646</b> |  |  |  | 10. Name and Address of New Registered Agent<br><b>81 Name Leanne P. GILES<br/>82 Street Address (P.O. Box Number, if Not Applicable) 9435 117th ST<br/>83<br/>84 City Seminole FL 85 Zip Code 33772</b> |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|

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]* DATE **7/17/97**

|                            |    |      |                         |                                                       |    |      |                      |
|----------------------------|----|------|-------------------------|-------------------------------------------------------|----|------|----------------------|
| 12. OFFICERS AND DIRECTORS |    |      |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |    |      |                      |
| TITLE                      | PD | NAME | WAICUL, THOMAS A        | 1.1 TITLE                                             | PD | NAME | Leanne P GILES       |
| STREET ADDRESS             |    |      | 13449 100TH AVE. N      | 1.2 NAME                                              |    |      | 9435 117th ST        |
| CITY-ST-ZIP                |    |      | SEMINOLE FL 34646       | 1.3 STREET ADDRESS                                    |    |      | Seminole FL 33772    |
| TITLE                      | VD | NAME | WILLIAMS, DEBBIE        | 2.1 TITLE                                             |    |      |                      |
| STREET ADDRESS             |    |      | 12376 MONARCH CIR.      | 2.2 NAME                                              |    |      |                      |
| CITY-ST-ZIP                |    |      | SEMINOLE FL 34642       | 2.3 STREET ADDRESS                                    |    |      |                      |
| TITLE                      | SD | NAME | PALMER, VICKI           | 2.4 CITY-ST-ZIP                                       |    |      |                      |
| STREET ADDRESS             |    |      | 9257 RUSTIC PINES BLVD. | 3.1 TITLE                                             | SD | NAME | Deborah R LOVE       |
| CITY-ST-ZIP                |    |      | SEMINOLE FL 33778       | 3.2 NAME                                              |    |      | 12698 81 ST AVE N    |
| TITLE                      | VD | NAME | ALFREY, VICKI           | 3.3 STREET ADDRESS                                    |    |      | Seminole FL 33776    |
| STREET ADDRESS             |    |      | 11276 RIDGE RD.         | 3.4 CITY-ST-ZIP                                       |    |      |                      |
| CITY-ST-ZIP                |    |      | LARGO FL 34648          | 4.1 TITLE                                             | VD | NAME | Denise KIRSCHBAUM    |
| TITLE                      | TD | NAME | LOESER, LINDA           | 4.2 NAME                                              |    |      | 10244 BARRY DR       |
| STREET ADDRESS             |    |      | 9984 131ST ST. N        | 4.3 STREET ADDRESS                                    |    |      | LARGO, FL 33774      |
| CITY-ST-ZIP                |    |      | SEMINOLE FL 34646       | 4.4 CITY-ST-ZIP                                       |    |      |                      |
| TITLE                      | SD | NAME | HARSHBARGER, PAM        | 5.1 TITLE                                             | TD | NAME | Charon Field Avarado |
| STREET ADDRESS             |    |      | 9585 134TH WAY N        | 5.2 NAME                                              |    |      | 12388 94th AVE N     |
| CITY-ST-ZIP                |    |      | SEMINOLE FL 34642       | 5.3 STREET ADDRESS                                    |    |      | Seminole, FL 33772   |
| TITLE                      | VD | NAME |                         | 5.4 CITY-ST-ZIP                                       |    |      |                      |
| STREET ADDRESS             |    |      |                         | 6.1 TITLE                                             | VD | NAME | SUSAN J. MILLS       |
| CITY-ST-ZIP                |    |      |                         | 6.2 NAME                                              |    |      | 7565 NORMANDY CT     |
|                            |    |      |                         | 6.3 STREET ADDRESS                                    |    |      | Seminole, FL 33772   |
|                            |    |      |                         | 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)(c), 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: *Charon Field Avarado* DATE: **7/15/97** 813-399-9983  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)