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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:12

DOCUMENT # N10605 (6)

1. Corporation Name
KOWBOY BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 421088 KISSIMMEE FL 34742-8088	P.O. BOX 421088 KISSIMMEE FL 34742-8088

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2623160 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TILL, SUSAN
3725 BLOSSOM STREET
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name: Jim Quigley
82 Street Address (P.O. Box Number is Not Acceptable)
83: 3726 Blossom Street
84 City: Kissimmee FL 85 Zip Code: 34746

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: [signature] 2-13-95
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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TILL, SUSAN	1.2 NAME	Quigley, Jim	
STREET ADDRESS	3725 BLOSSOM STREET	1.3 STREET ADDRESS	3725 Blossom Street	
CITY-ST-ZIP	KISSIMMEE FL 34746	1.4 CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	VD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	QUIGLEY, JIM	2.2 NAME	Ed Moyer	
STREET ADDRESS	4225 REEVES ROAD	2.3 STREET ADDRESS	3675 Blossom St	
CITY-ST-ZIP	KISSIMMEE FL 34746	2.4 CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HILL, BONNIE	3.2 NAME	Kaye Dover	
STREET ADDRESS	1704 BRUCE STREET	3.3 STREET ADDRESS	2500 Maui Cir	
CITY-ST-ZIP	KISSIMMEE FL 34746	3.4 CITY-ST-ZIP	Kissimmee FL 34741	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	FREVLER, PETER	4.2 NAME		
STREET ADDRESS	1304 HIGHLAND CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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: [signature] 2-13-95 407-847-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000040