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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90008 028 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N10605**

1. Corporation Name

**KOWBOY BOOSTER CLUB, INC.**

Principal Place of Business

P.O. BOX 421088  
KISSIMMEE FL 34742-8088

Mailing Address

P.O. BOX 421088  
KISSIMMEE FL 34742-8088



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/07/1985

4. FEI Number

59-2623160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1637 Regal Cove Ct

84

City Kissimmee

FL

85 Zip Code

34744

FREULER, PETER  
231 NORTH BERMUDA AVENUE  
KISSIMMEE FL 34741

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 TD ☒ DELETE

NAME FREULER, PETER  
STREET ADDRESS 1304 HIGHLAND CIR  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE SD ☒ DELETE

NAME WHITT, BONNIE  
STREET ADDRESS 1502 EMETT STREET  
CITY-ST-ZIP KISSIMMEE FL

TITLE PD ☐ DELETE

NAME CRELLIN BILL  
STREET ADDRESS 1481 RIVIERA DR  
CITY-ST-ZIP KISSIMMEE FL

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 TD ☐ Change ☒ Addition

1.2 NAME Diana walks  
1.3 STREET ADDRESS 1637 Regal Cove Ct  
1.4 CITY-ST-ZIP Kissimmee FL 34744

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME Nancy Hubbard  
2.3 STREET ADDRESS 1700 Pine Island Dr.  
2.4 CITY-ST-ZIP Kissimmee FL 34744

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 REQUIRED**

1/26/99

402-847-7222

CR2E037 (11/98)