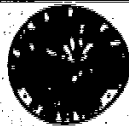


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 21 AM 9:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N11911 (7)

1. Corporation Name

BOCA CIEGA HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

**BOCA CIEGA HIGH SCHOOL
904 58TH STREET SOUTH
GULFPORT FL 33707**

**BOCA CIEGA HIGH SCHOOL
904 58TH STREET SOUTH
GULFPORT FL 33707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/06/1985** 3a. Date of Last Report **07/11/1994**
4. FBI Number **59-2652119** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMKER, ALLYN
904 58TH STREET SOUTH
GULFPORT FL 33707**

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 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 **Allyn Ramker, Director**

April 6, 1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **BAUKOVIC, BILL**
STREET ADDRESS **6336 6TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Harry Berger**
1.3 STREET ADDRESS **7700 - 33rd Avenue North**
1.4 CITY-ST-ZIP **St. Petersburg, Fl. 33710**

TITLE **V**
NAME **NESBITT, ELTEENA**
STREET ADDRESS **4632 QUEENSBORO AVENUE S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **Elton Scott**
2.3 STREET ADDRESS **2327 - 42nd Street South**
2.4 CITY-ST-ZIP **St. Petersburg, Fl. 33711**

TITLE **V**
NAME **LYMM, JANET**
STREET ADDRESS **2101 COUNTRY CLUB ROAD N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **Holly Henberger**
3.3 STREET ADDRESS **6326 - 7th Avenue North**
3.4 CITY-ST-ZIP **St. Petersburg, Fl. 33710**

TITLE **S**
NAME **SIPE, SUE**
STREET ADDRESS **6301 6TH AVENUE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

4.1 TITLE **ST** ☒ Change ☐ Addition
4.2 NAME **Vonney King**
4.3 STREET ADDRESS **5318 Jersey Avenue South**
4.4 CITY-ST-ZIP **33707**

TITLE **D**
NAME **BOLIN, LOIS**
STREET ADDRESS **6440 17TH TERRACE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME **Emma Arend**
5.3 STREET ADDRESS **6228 - 9th Avenue North**
5.4 CITY-ST-ZIP **St. Petersburg, Fl. 33710**

TITLE **D**
NAME **RAMKER, ALLYN**
STREET ADDRESS **1432 FAIRFIELD DR.**
CITY-ST-ZIP **CLEARWATER FL 34624**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **Allyn Ramker**
6.3 STREET ADDRESS **1432 Fairfield Drive**
6.4 CITY-ST-ZIP **Clearwater, Fl. 34624**

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)(k), 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.

(813)

SIGNATURE: **Allyn Ramker, Director**

April 6, 1995 893-2780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #