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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N11911

1. Corporation Name

BOCA CIEGA HIGH SCHOOL ATHLETIC BOOSTER CLUB, IN C.

Principal Place of Business

BOCA CIEGA HIGH SCHOOL
 924 58TH STREET SOUTH
 GULFPORT FL 33707

Mailing Address

BOCA CIEGA HIGH SCHOOL
 924 58TH STREET SOUTH
 GULFPORT FL 33707

43/660 - 90035 - 37



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/06/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		59-2652119	
24 Country		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		X \$8.75 Additional Fee Required	
26 Country		31 Country		6. Election Campaign Financing	
27 Country		32 Country		Trust Fund Contribution	
28 Country		33 Country		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

RAMKER, ALLYN
 924 58TH STREET SOUTH
 GULFPORT FL 33707

10. Name and Address of New Registered Agent

81 Name **BARBARA M. PAONESSA**
 82 Street Address (P.O. Box Number is Not Acceptable)
924 58th St. S.
 83
 84 City **GULFPORT** FL 85 Zip Code **33707**

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 *Barbara M. Paonessa*
 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
NAME	BERGER, HARRY	1.2 NAME	PAONESSA, BARBARA
STREET ADDRESS	7700 33RD AVENUE N	1.3 STREET ADDRESS	924 58th St. S.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	VP	2.1 TITLE	VPD
NAME	SCOTT, ELTON	2.2 NAME	SHUMAN, RANDY
STREET ADDRESS	2327-42ND STREET S	2.3 STREET ADDRESS	924 58th St. S.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	VP	3.1 TITLE	STD
NAME	HENBERGER, HOLLY	3.2 NAME	MEDICI JR., ROBERT A.
STREET ADDRESS	6326 7TH AVENUE N	3.3 STREET ADDRESS	924 58th St. S.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	GULFPORT, FL 33707
TITLE	ST	4.1 TITLE	
NAME	KING, VONNEY	4.2 NAME	
STREET ADDRESS	5318 JERSEY AVENUE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	AREND, EMMA	5.2 NAME	
STREET ADDRESS	6228-9TH AVENUE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RAMKER, ALLYN	6.2 NAME	
STREET ADDRESS	1432 FAIRFIELD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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: *Robert A. Medici Jr.* **ROBERT A. MEDICI JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/9/99

Daytime Phone #

(727) 893 2780

CR2E037 (11/98)