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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19253 (6)

1. Corporation Name
SHARK BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
C/O DORIS GIBBS 35-26TH AVENUE APALACHICOLA FL 32320 US	35-26TH AVE 35-26TH AVENUE APALACHICOLA FL 32320 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1987
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2442880 ☐ 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
21 110 15th Street	26 110 15th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Apalachicola, FL	28 City & State: Apalachicola, FL
24 Zip: 32320 25 County: Franklin	29 Zip: 32320 30 County: Franklin

9. Name and Address of Current Registered Agent

HAMM, DORIS SHIVER
35 26TH AVENUE
APALACHICOLA 32320

10. Name and Address of New Registered Agent

81 Name: Monica M. Lemieux
82 Street Address (P.O. Box Number is Not Acceptable): 110 15th Street
83
84 City: Apalachicola FL 85 Zip Code: 32320

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: Monica M. Lemieux 1-20-95
Signature, typed or printed name of registered agent (if 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	SD	11 TITLE	STD	☒ Change ☐ Addition
NAME	ALLEN, ROXIE	12 NAME	Marcia M. Johnson	
STREET ADDRESS	GIBSON RD	13 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL	14 CITY-ST-ZIP	Apalachicola FL 32320	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	GIBBS, DORIS S	22 NAME	Monica M. Lemieux	
STREET ADDRESS	26TH AVE.	23 STREET ADDRESS	110 15th St	
CITY-ST-ZIP	APALACHICOLA FL	24 CITY-ST-ZIP	Apalachicola, FL 32320	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	LANIER, LOYCE	32 NAME		
STREET ADDRESS	AVE B	33 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL	34 CITY-ST-ZIP		
TITLE	PVD	41 TITLE	VP/FP	☒ Change ☐ Addition
NAME	JONES, HARRISON	42 NAME	Butler	
STREET ADDRESS	8TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA FL	44 CITY-ST-ZIP	Eastpoint, FL 32328	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Monica M. Lemieux 1-20-95 653-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Monica M. Lemieux

0027815