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 MAR 22 PM 4:30

DOCUMENT # N19812 (9)

1. Corporation Name

THE PLANTATION SWIM TEAM BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
9141 NW 2ND ST PLANTATION FL 33324	9141 NW 2ND ST PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0046849 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

FIELDS, SAMUEL S.
RUDEN, BARNETT, ET AL
110 E. BROWARD BLVD., PH-B
FT. LAUDERDALE FL 33302

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WOOLGER, JUNE	1.2 NAME	
STREET ADDRESS	9141 NW 2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	P ☒ Change ☐ Addition
NAME	DIETZ THOMAS	2.2 NAME	DENISE BARTLE
STREET ADDRESS	9141 NW 2ND ST	2.3 STREET ADDRESS	9141 NW 2nd Street
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	HOSS, DONALD	3.2 NAME	PARMENTER, ANGELA
STREET ADDRESS	9141 NW 2ND ST	3.3 STREET ADDRESS	9141 NW 2nd street
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PARMENTER, JIM	4.2 NAME	
STREET ADDRESS	9141 NW 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	ECOTT, MADELINE	5.2 NAME	
STREET ADDRESS	9141 NW 2ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	FIELDS, JOE	6.2 NAME	
STREET ADDRESS	9141 N.W. 2ND STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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: Jim Parmenter Jim Parmenter 02/06/95 (305)452-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047144