

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90099 035 ****61.25

DOCUMENT # N19812

1. Corporation Name

THE PLANTATION SWIM TEAM BOOSTER CLUB, INC.

Principal Place of Business

9141 NW 2ND ST
PLANTATION FL 33324

Mailing Address

9141 NW 2ND ST
PLANTATION FL 33324



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/17/1987

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

9. Name and Address of Current Registered Agent

MAHONEY, JANE
6101 BANYAN TERR
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
Cianci, Carmen

82 Street Address (P.O. Box Number is Not Acceptable)
1841 NW 111 Ave

83
Plantation

84 City

FL

85 Zip Code
33322

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 *Carmen Cianci*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WOOLGER, JUNE**
STREET ADDRESS **9141 NW 2ND ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE **TD** ☒ DELETE

NAME **MAHONEY, JANE**
STREET ADDRESS **9141 NW 2ND ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE **PD** ☐ DELETE

NAME **THOMAS, J**
STREET ADDRESS **9141 NW 2ND ST**
CITY-ST-ZIP **PLANTATION FL**

TITLE **SD** ☐ DELETE

NAME **NIX, G**
STREET ADDRESS **9141 NW 2ND ST**
CITY-ST-ZIP **PLANTATION FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Cianci, Carmen**

2.3 STREET ADDRESS **9141 NW 2nd St**

2.4 CITY-ST-ZIP **Plantation, FL 33324**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

(954) 981-3333

Daytime Phone #

CR2E037 (11/98)

0008932