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 APR -3 PM 6:01

DOCUMENT # **N19866** **(5)**

1. Corporation Name

WAKULLA COUNTY LADIES ATHLETIC BOOSTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% BETH TAFF~~ ~~RT. 3, BOX 5061~~ ~~CRAWFORDVILLE FL 32327-9409~~	~~% BETH TAFF~~ ~~RT. 3, BOX 5061~~ ~~CRAWFORDVILLE FL 32327-9409~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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 c/o LINDA STALVEY	26 c/o LINDA STALVEY
22 ~~RR 3 BOX 519~~ 2320 Coastal Hwy	27 P.O. BOX ~~519~~ 1606
23 Crawfordville, FL	28 Crawfordville, FL
24 Zip 32327	25 Country USA
29 Zip 32326	30 Country USA

9. Name and Address of Current Registered Agent

~~TAFF, BETH~~
~~RT. 3, BOX 5061~~
~~CRAWFORDVILLE FL 32327~~

10. Name and Address of New Registered Agent

81 Name	Linda Stalvey
82 Street Address (P.O. Box Number is Not Acceptable)	P.O. Box 1148 - ~~Rt. 3 Box 519~~ 2320 Coastal Hwy
83	c/o Pigott's Cash + Carry
84 City	Crawfordville FL 85 Zip Code 32326

NO STREET ADDRESS

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: Linda Stalvey — Linda Stalvey — 2/14/95
(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	~~D~~	11 TITLE	Director/President ☒ Change ☒ Addition
NAME	~~TAFF, BETH~~	12 NAME	Cathy H. Webster
STREET ADDRESS	~~RT. 3, BOX 506T~~	13 STREET ADDRESS	20 Pelagia Place
CITY-ST-ZIP	~~CRAWFORDVILLE FL~~	14 CITY-ST-ZIP	Sopchoppy, FL 32358
TITLE	~~D~~	21 TITLE	Director/Vice-President ☒ Change ☒ Addition
NAME	~~FALK, MARGARET~~	22 NAME	Barry Lawhon
STREET ADDRESS	~~POB 429, HIGHWAY 98 N/A~~	23 STREET ADDRESS	~~Attn: P.O. Box 1450~~ 2491 Crawfordville Hwy
CITY-ST-ZIP	~~PANACEA FL~~	24 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE		31 TITLE	Director/Treasurer ☒ Change ☒ Addition
NAME		32 NAME	Linda Stalvey
STREET ADDRESS		33 STREET ADDRESS	2320 Coastal ~~P.O. Box 1148 - Rt. 3 Box 519~~ Hwy
CITY-ST-ZIP		34 CITY-ST-ZIP	Crawfordville, FL 32326
TITLE		41 TITLE	Director/Secretary ☒ Change ☒ Addition
NAME		42 NAME	Sylvia Jenkins
STREET ADDRESS		43 STREET ADDRESS	~~Box 988~~ - Rehwinkel Road
CITY-ST-ZIP		44 CITY-ST-ZIP	Crawfordville, FL 32326
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	

NO STREET ADDRESS

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: Cathy H. Webster — Cathy H. Webster 2-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Optional Phone #
904 962-2020

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