

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 MAR 24 AM 7:45

DOCUMENT # N23373 (6)

1. Corporation Name

CULBERTSON GYMNASIIC BOOSTER CLUB, INC.

TALLAHASSEE, FLORIDA

DD

Principal Place of Business

Mailing Address

% CARMIE SNIDER
3101 B CORTEZ RD
BRADENTON FL 34207
US

% CARMIE SNIDER
3101 B CORTEZ RD
BRADENTON FL 34207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1987
3a. Date of Last Report 05/01/1994
4. FEI Number NOT APPLICABLE
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLAIN, GEORGE R.
819 FIRST FLORIDA BANK PLAZA
1800 SECOND STREET
SARASOTA FL 34236

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D
NAME	TREXLER, SONNY	12 NAME	Norma Glasgow
STREET ADDRESS	9413 BULLFROG CT	13 STREET ADDRESS	2702 Berryknoll Place
CITY-ST-ZIP	GIBSONTON FL	14 CITY-ST-ZIP	Valrico, FL 33594
TITLE	D	21 TITLE	D
NAME	GORE, LINDA	22 NAME	Debbie Weller
STREET ADDRESS	4315 PRO AM AVE E	23 STREET ADDRESS	6919 13 Ave. E.
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	D	31 TITLE	D
NAME	WELLER, DEBBIE	32 NAME	Kandy Kavey
STREET ADDRESS	6919 13 AE E	33 STREET ADDRESS	6706 Oak Hammock Dr.
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	Bradenton, FL 34202
TITLE	D	41 TITLE	D
NAME	SNIDER, CARMIE	42 NAME	Sharon Watsky
STREET ADDRESS	6110 99 ST E	43 STREET ADDRESS	2205 87th St. NW
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	Bradenton, FL 34209
TITLE	D	51 TITLE	D
NAME	TERHAR, MARY	52 NAME	Linda Gore
STREET ADDRESS	3109 21ST AVE. W.	53 STREET ADDRESS	4315 Pro Am Ave. E.
CITY-ST-ZIP	BRADENTON FL	54 CITY-ST-ZIP	Bradenton, FL 34203
TITLE		61 TITLE	
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 110.07(3)(b), Florida Statutes. I further certify that the information presented 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:

Kandy Kavey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-95

758-3297