

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 22604
 1. Corporation Name
WESTERN QUARTERBACK BOOSTER CLUB, INC.

Principal Place of Business <u>WESTERN HIGH SCHOOL</u> <u>1200 SW 136 AVE.</u> <u>FT. LAUD. FL 33325</u> <u>US</u>	Mailing Address <u>1200 SW 136 AVE.</u> <u>FT. LAUD. FL 33325</u> <u>US</u>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 <u>WESTERN HIGH SCHOOL</u>	26 <u>1200 SW 136 AVE</u>	<u>11/23/87</u>	<u>6/7/95</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23 <u>FORT LAUDERDALE, FL</u>	28 <u>FORT LAUDERDALE, FL</u>	<u>65-0033718</u>	
24 <u>33325</u>	25 <u>USA</u>	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29 <u>33325</u>	30 <u>USA</u>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<u>JOHNSTON, SUZANNE</u> <u>266 SW 180 AVE.</u> <u>PEMBROKE PINES, FL 33029</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<u>JOHNSTON, SUZANNE</u> <u>266 SW 180 AVE.</u> <u>PEMBROKE PINES, FL 33029</u>		81 Name	<u>LYNNE GARCIA</u>
		82 Street Address (P.O. Box Number is Not Acceptable)	<u>15727 WOODGATE PL</u>
		83	
		84 City	<u>SUNRISE</u>
		85 State	<u>FL</u>
		86 Zip Code	<u>33326</u>

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: Lynne Garcia Lynne Garcia/Treasurer 8/17/96
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 '96	
TITLE	<u>D/T</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>GARCIA, LYNNE</u>	1.2 NAME	
STREET ADDRESS	<u>15727 WOODGATE PL</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>SUNRISE, FL 33326</u>	1.4 CITY-ST-ZIP	
TITLE	<u>D/S</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<u>D/S</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>JOHNSTON, SUZANNE</u>	2.2 NAME	<u>BURDICK, JACKIE</u>
STREET ADDRESS	<u>266 SW 180 AVE</u>	2.3 STREET ADDRESS	<u>18101 SW 55 ST</u>
CITY-ST-ZIP	<u>PEMBROKE PINES, FL 33029</u>	2.4 CITY-ST-ZIP	<u>FT. LAUD. FL 33331</u>
TITLE	<u>D/P</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<u>D/P</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>HAYES, JIM</u>	3.2 NAME	<u>ANDREW, DAVID</u>
STREET ADDRESS	<u>291 COCONUT CIRCLE</u>	3.3 STREET ADDRESS	<u>3046 LAKEWOOD DR.</u>
CITY-ST-ZIP	<u>FT. LAUD. FL 33326</u>	3.4 CITY-ST-ZIP	<u>FT. LAUD. FL 33332</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<u>400001929954</u>
STREET ADDRESS		6.3 STREET ADDRESS	<u>-08/22/96--01015--021</u>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u>***70.00</u>

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)(k), 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: Lynne Garcia Lynne Garcia D/T 8/17/96 305-536-1680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)