

**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

DOCUMENT # **N 22604**  
1. Corporation Name  
**WESTERN QUARTERBACK BOOSTER CLUB, INC.**

Principal Place of Business: **WESTERN HIGH SCHOOL, 1200 SW 136 AVE., FT. LAUD., FL 33325, US**  
Mailing Address: **1200 SW 136 AVE., FT. LAUD., FL 33325, US**

3. Date Incorporated or Qualified: **11/23/87**  
3a. Date of Last Report: **6/7/95**

2. Principal Place of Business: **21 WESTERN HIGH SCHOOL, Suite, Apt. #, etc.**  
2a. Mailing Address: **26 1200 SW 136 AVE, Suite, Apt. #, etc.**  
22 City & State: **27 FORT LAUDERDALE, FL**  
23 City & State: **28 FORT LAUDERDALE, FL**  
24 Zip: **29 33325** Country: **25 USA** 29 Zip: **30 33325** Country: **31 USA**

4. FEI Number: **65-0033718**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**JOHNSTON, SUZANNE  
266 SW 180 AVE.  
PEMBROKE PINES, FL 33029**

10. Name and Address of New Registered Agent:  
81 Name: **LYNNE GARCIA**  
82 Street Address (P.O. Box Number is Not Acceptable): **15727 WOODGATE PL**  
83  
84 City: **SUNRISE** FL 85 Zip Code: **33326**

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

TITLE	<b>D/T</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCIA, LYNNE</b>	
STREET ADDRESS	<b>15727 WOODGATE PL</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33326</b>	
TITLE	<b>D/S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSTON, SUZANNE</b>	
STREET ADDRESS	<b>266 SW 180 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>	
TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAYES, JIM</b>	
STREET ADDRESS	<b>291 COCONUT CIRCLE</b>	
CITY-ST-ZIP	<b>FT. LAUD. FL 33326</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BURDICK, JACKIE</b>
2.3 STREET ADDRESS	<b>18101 SW 55 ST</b>
2.4 CITY-ST-ZIP	<b>FT. LAUD. FL 33331</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ANDREW, DAVID</b>
3.3 STREET ADDRESS	<b>3046 LAKEWOOD DR.</b>
3.4 CITY-ST-ZIP	<b>FT. LAUD. FL 33332</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>400001929954</b>
6.3 STREET ADDRESS	<b>-08/22/96--01015--021</b>
6.4 CITY-ST-ZIP	<b>***70.00</b>

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)