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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N23601

1. Corporation Name
Western Quarterback Booster Club, Inc

Principal Place of Business	Mailing Address
1200 SW 136th Ave Davie, Fl 33325 US	1200 SW 136th Ave Davie, Fl 33325

3. Date Incorporated or Qualified: 11/23/87
3a. Date of Last Report: 8/17/96

2. Principal Place of Business
21 Western High School
Suite, Apt. #, etc.
22 1200 S.W. 136 Ave
City & State
23 Davie Fl
Zip 24 33325 Country 25 USA

2a. Mailing Address
26 ~~1200 SW 136 Ave~~ Western High
1200 SW 136 Ave
Suite, Apt. #, etc.
27 1200 SW 136 Ave
City & State
28 Davie, Fl
Zip 29 33325 Country 30 USA

4. FEI Number: 65-0033718 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Lynne Garcia
15727 Woodgate Pl
Sunrise Fl 33326

10. Name and Address of New Registered Agent

81 Name: Debbie Heiss
82 Street Address (P.O. Box Number is Not Acceptable): 843 Heritage Dr.
83
84 City: Weston 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: Deborah B Heiss /treasurer (Debbrah B. Heiss) 9/15/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T ~~Debbie Heiss~~ ~~843 Heritage Dr.~~ ~~Weston Fl 33326~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Burdick, Jackie 18101 SW 55 St Ft Lauderdale Fl 33331	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Andrew, David 3046 Lakewood Dr Ft Lauderdale, Fl 33332	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lynn Garcia D/T 15727 Woodgate Pl Sunrise, Fl 33326	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Debbie Heiss D/T 843 Heritage Dr. Ft Lauderdale, Fl 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	13 9/9/97	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	000002298880 -09/22/97--01015--006 ***70.00	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Deborah B Heiss Deborah B Heiss /Treasurer 9/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone # (954) 389-5378