

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N23604
1. Corporation Name
Western Quarterback Booster Club, Inc

Principal Place of Business: 1200 SW 136th Ave, Davie, FL 33325
Mailing Address: 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. 1200 S.W. 136 AVE, City & State: Davie FL, Zip: 33325, Country: USA
2a. Mailing Address: 26 Western High School, Suite, Apt. #, etc. 1200 SW 136 AVE, City & State: Davie, FL, Zip: 33325, Country: USA

4. FEI Number: 65-0033718
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 (Deborah B. Heiss) 9/15/97

12. OFFICERS AND DIRECTORS

TITLE	D/T	<input type="checkbox"/> DELETE
NAME	Debbie Heiss	
STREET ADDRESS	843 Heritage Dr.	
CITY-ST-ZIP	Weston FL 33326	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	Burdick, Jackie	
STREET ADDRESS	18101 SW 55 St	
CITY-ST-ZIP	Ft. Lauderdale FL 33331	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Andrew David	
STREET ADDRESS	3046 Lakewood Dr	
CITY-ST-ZIP	Ft Lauderdale, FL 33332	
TITLE	Lynn Garcia, D/T	<input checked="" type="checkbox"/> DELETE
NAME	Lynn Garcia, D/T	
STREET ADDRESS	15727 Woodgate Pl	
CITY-ST-ZIP	Sunrise, FL 33326	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Debbie Heiss D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	843 Heritage Dr.	
4.3 STREET ADDRESS	Ft Lauderdale, FL 33326	
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	000002298880	
6.3 STREET ADDRESS	-09/22/97--01015--006	
6.4 CITY-ST-ZIP	***70.00	

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* / Treasurer 9/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9/15/97
Daytime Phone #: (954) 389-5378

CR2E037 (9/96)