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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25125 (8)

1. Corporation Name

FOREST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.

Principal Place of Business

Mailing Address

1400 S MAGNOLIA EXT.
OCALA FL 34471
US1400 S MAGNOLIA EXT.
OCALA FL 34471-4443
US3. Date Incorporated or Qualified
03/01/19883a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 2038 SE 16th Lane

26 2038 SE 16th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip

Country

Zip

Country

24 34471

25 Marion

29 34471

30 Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEIGEL, SUZANNE
1400 SO. MAGNOLIA EXT
OCALA FL 34471

81 Name

Judy Meunier

82 Street Address (P.O. Box Number is Not Acceptable)

2038 SE 16th Lane

83

84 City

Ocala

FL

85 Zip Code

34471

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 *Judy K. Meunier*
Signature, typed or printed name of registered agent and title if applicableJudy K. Meunier
(NOTE: Registered Agent signature required when reinstating)4-28-97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE
NAME MEUNIER, JUDY
STREET ADDRESS 1243 SE 22 AVE
CITY-ST-ZIP Ocala FL1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2038 SE 16th Lane
1.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME FLEIGEL, SUZANNE
STREET ADDRESS 1400 SO. MAGNOLIA EXT
CITY-ST-ZIP Ocala FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME EDDY, ANN
STREET ADDRESS 2339 SE 11TH STREET
CITY-ST-ZIP Ocala FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME WARNER, CINDY
STREET ADDRESS 815 SE 24TH AVE
CITY-ST-ZIP Ocala FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME Fran McKee
STREET ADDRESS 830 SE 24th Ave
CITY-ST-ZIP Ocala, FL 344715.1 TITLE VPD ☐ Change ☒ Addition
5.2 NAME Fran McKee
5.3 STREET ADDRESS 830 SE 24th Ave
5.4 CITY-ST-ZIP Ocala, FL 34471TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Judy K. Meunier* 4-28-97 6942154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deed No. 00000000

CP2E037 (9/96)