

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25125** (8)  
1. Corporation Name  
**FOREST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.**

Principal Place of Business <b>2038 SE 16TH LANE OCALA FL 34471 US</b>	Mailing Address <b>2038 SE 16TH LANE OCALA FL 34471 US</b>
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2. Principal Place of Business 21 <b>1130 SE 13th Ave</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ocala, FL</b> Zip 24 <b>34471</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>1130 SE 13th Ave</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ocala, FL</b> Zip 29 <b>34471</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>03/01/1988</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MEUNIER, JUDY 2038 SE 16TH LANE OCALA FL 34471</b>	10. Name and Address of New Registered Agent 81 Name <b>Cindy Warner</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2137 Mill Creek Circle</b> 83 84 City <b>Ocala</b> <b>FL</b> 85 Zip Code <b>34471</b>
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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 Meunier Judy Meunier / Cindy Warner 6-11-98  
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	<b>PD MEUNIER, JUDY 2038 SE 16TH LANE OCALA FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PD Ann Cambias Ocala, FL 34471</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD MCKEE, FRAN 830 SE 24TH AVE. OCALA FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD EDDY, ANN 2339 SE 11TH STREET OCALA FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD WARNER, CINDY 815 SE 24TH AVE OCALA FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 Meunier Judy Meunier 6-11-98 (352) 732-8459

CR2E037 (10/97)