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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25125

1. Corporation Name

FOREST HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC.

Principal Place of Business

1130 S W 13TH AVENUE
 Ocala FL 34471
 US

Mailing Address

1130 S E 13TH AVENUE
 Ocala FL 34471
 US



2. Principal Place of Business 21 1614 SE 14th King St Suite, Apt. #, etc. 22 City & State 23 Ocala FL Zip Country 24 34471 25 Marion	2a. Mailing Address 26 4026 SE 17th Place Suite, Apt. #, etc. 27 City & State 28 Ocala FL Zip Country 29 34471 30 Marion	3. Date incorporated or Qualified 03/01/1988 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

WARNER, CINDY
 2137 MILL CREEK CIRCLE
 Ocala FL 34471

10. Name and Address of New Registered Agent

81 Name	Mary Jane Pietras
82 Street Address (P.O. Box Number is Not Acceptable)	4026 SE 17th Place
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

Cindy Warner

CINDY WARNER

4/20/99

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	PD	1.1 TITLE	PD
NAME	CAMBIAS, ANN	1.2 NAME	Kathy Johnson
STREET ADDRESS	2038 SE 16TH LANE	1.3 STREET ADDRESS	1103 SE 49th Ave
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	VPD	2.1 TITLE	VPD
NAME	MCKEE, FRAN	2.2 NAME	Nancy Kirk
STREET ADDRESS	830 SE 24TH AVE.	2.3 STREET ADDRESS	1124 SE 7th St.
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	SD	3.1 TITLE	SD
NAME	EDDY, ANN	3.2 NAME	Anna Black
STREET ADDRESS	2339 SE 11TH STREET	3.3 STREET ADDRESS	1329 SE 15th St
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE	TD	4.1 TITLE	TD
NAME	WARNER, CINDY	4.2 NAME	Mary Jane Pietras
STREET ADDRESS	815 SE 24TH AVE	4.3 STREET ADDRESS	4026 SE 17th Place
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	Ocala, FL 34471
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Cindy Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

352-4d-1000

Daytime Phone #

CR2F037-11/99A