

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25690 (1)

1. Corporation Name

JEFFERSON COUNTY SEMINOLE BOOSTERS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 79
MONTICELLO FL 32345-0079
US

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MONTICELLO FL 32345-0079
US

3. Date Incorporated or Qualified
03/31/1988

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2708332

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

10. Name and Address of New Registered Agent

**WRIGHT, GARY
% FARMERS & MERCHANTS BANKS
CORNER OF CHERRY & E. WASHINGTON ST.
MONTICELLO FL 32344**

81 Name

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

83

84 City

FL

85 Zip Code

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

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** ☐ DELETE
NAME **NUNEZ, JUDY K**
STREET ADDRESS **1085 E. WASHINGTON ST**
CITY-ST-ZIP **MONTICELLO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BAILAR, RICHARD J REV**
STREET ADDRESS **P.O. BOX 822**
CITY-ST-ZIP **MONTICELLO FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **CLAYTON, BECKY**
STREET ADDRESS **960 S. WATER STREET**
CITY-ST-ZIP **MONTICELLO FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Stephen C. Walker**
3.3 STREET ADDRESS **1530 Willow Rd.**
3.4 CITY-ST-ZIP **Monticello, FL.**

TITLE **TD** ☒ DELETE
NAME **WILLIAMS, VELINDA**
STREET ADDRESS **RT. 3 BOX 96-C**
CITY-ST-ZIP **MONTICELLO FL 32344**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **David McGalliard**
4.3 STREET ADDRESS **187 Coopers Pond Rd.**
4.4 CITY-ST-ZIP **Monticello, FL.**

TITLE **D** ☐ DELETE
NAME **HAMRICK, SANDRA**
STREET ADDRESS **RT 1 BOX 135**
CITY-ST-ZIP **MONTICELLO FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Sandra Hamrick**
5.3 STREET ADDRESS **Route 1, Box 135**
5.4 CITY-ST-ZIP **Monticello, FL.**

TITLE **D** ☐ DELETE
NAME **SAUER, DICK**
STREET ADDRESS **RT 4 BOX 4229**
CITY-ST-ZIP **MONTICELLO FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Dick Sauer**
6.3 STREET ADDRESS **Route 4, Box 4229**
6.4 CITY-ST-ZIP **Monticello, FL.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904 644-6506

Date

Daytime Phone #

CR2E037 (12/95)