

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 P.O. BOX 79 MONTICELLO FL 32345-0079 US	Mailing Address P.O. BOX 79 MONTICELLO FL 32345-0079 US
---	---

3. Date Incorporated or Qualified 03/31/1988
4. FEI Number 59-2708332
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WRIGHT, GARY
% FARMERS & MERCHANTS BANKS
CORNER OF CHERRY & E. WASHINGTON ST.
MONTICELLO FL 32344**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME NUNEZ, JUDY K	
STREET ADDRESS 1085 E. WASHINGTON ST	
CITY-ST-ZIP MONTICELLO FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME MAZZA, SANDI	
STREET ADDRESS P O BOX 3751 N/A	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME WALKER, STEPHEN C	
STREET ADDRESS 1530 WILLOW RD	
CITY-ST-ZIP MONTICELLO FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MC GALLIARD, DAVID	
STREET ADDRESS 187 COOPERS POND RD	
CITY-ST-ZIP MONTICELLO FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME HAMRICK, SANDRA	
STREET ADDRESS RT 1 BOX 135	
CITY-ST-ZIP MONTICELLO FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME SAUER, DICK	
STREET ADDRESS RT 4 BOX 4229	
CITY-ST-ZIP MONTICELLO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME RONALD SMITH	
1.3 STREET ADDRESS RT 1, BOX 5-P	
1.4 CITY-ST-ZIP MONTICELLO FL 32344	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME PAT SMITH	
2.3 STREET ADDRESS RT 1, BOX 5-P	
2.4 CITY-ST-ZIP MONTICELLO FL 32344	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DICK SAUER	
3.3 STREET ADDRESS RT 4, BOX 4229	
3.4 CITY-ST-ZIP MONTICELLO FL 32344	
4.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME CHARLES J MAZZA JR	
4.3 STREET ADDRESS P.O. BOX 3751 N/A	
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32315	
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	
6.3 STREET ADDRESS	
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.

SIGNATURE: Sandi Mazza **SANDI MAZZA** 3/12/98 (850) 574-6266

CP2E037 (10/97)