FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27608 (1)

1. Corporation Name
SEMINOLE BOOSTERS OF INDIAN RIVER, INC.

Principal Place of Business	Mailing Address
P.O. BOX 7304 VERO BEACH FL 32961	P.O. BOX 7304 VERO BEACH FL 32961

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 07/29/1994
4. FEI Number: 65-0055529 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status 5014 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PERKINS, JENNIFER
1238 US HWY. 1
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KYSER, OWEN F	12 NAME	
STREET ADDRESS	P. O. BOX 650993 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	DNUPA, JOHN	22 NAME	Chnupa, John
STREET ADDRESS	P. O. BOX 7304 N/A	23 STREET ADDRESS	100001 -05/17/95--01032--015
CITY-ST-ZIP	VERO BCH. FL	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	PERKINS, JENNIFER	32 NAME	
STREET ADDRESS	1238 US HWY. 1	33 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	JONES, JUDY	42 NAME	
STREET ADDRESS	P.O. BOX 7304 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	STANTON, LINK	52 NAME	
STREET ADDRESS	1836 21ST AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	STEER, LINDA	62 NAME	
STREET ADDRESS	1435 48TH AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	64 CITY-ST-ZIP	

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: _____ 4/16/95 (407) 563-2696
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone

0038792