

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified
07/27/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

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

81 Name

JOHN CHNUPA

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

455 19TH PLACE

83

84 City

VERO BEACH

FL

85 Zip Code
32960

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

7-8-96

12. OFFICERS AND DIRECTORS

13. PRESIDENTS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
KYSER, OWEN F
P. O. BOX 650993 N/A
VERO BEACH FL** ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**JOHN CHNUPA
455 19TH PLACE
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CHAUPA, JOHN
P. O. BOX 7304 N/A
VERO BCH. FL** ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**VICE - PRESIDENT
JIM PAIGE
3525 OCEAN DR
VERO BEACH, FL 32963** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PERKINS, JENNIFER
1238 US HWY. 1
VERO BEACH FL** ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**TREASURER
KEVIN SWORDS
1562 39TH AVENUE
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JONES, JUDY
P.O. BOX 7304 N/A
VERO BEACH FL** ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**SECRETARY
KUCI, JOHN
1562 39th AVENUE
VERO BEACH FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STANTON, LINK
1836 21ST AVENUE
VERO BEACH FL** ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**DIRECTOR
STANTON, LINK
1836 21ST AVENUE
VERO BEACH, FL** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEER, LINDA
1435 48TH AVE.
VERO BEACH FL** ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**DIRECTOR
STEER, LINDA
1435 48th AVE.
VERO BEACH FL** ☐ Change ☐ Addition

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

Date

Daytime Phone #

John Chnupa President 7-8-96 561-489-2800

CR2E037 (3/96)