

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 32961-7304



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1988

3a. Date of Last Report

07/15/1996

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

10. Name and Address of New Registered Agent

CHNUPA, JOHN
455 19TH KPLACE
VERO BEACH FL 32960

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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CHNUP, JOHN | |
| STREET ADDRESS | 455 19TH PL | |
| CITY-ST-ZIP | VERO BEACH FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | PAIGE, JIM | |
| STREET ADDRESS | 3525 OCEAN DR | |
| CITY-ST-ZIP | VERO BCH. FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SWORDS, KEVIN | |
| STREET ADDRESS | 1562 39TH AVE | |
| CITY-ST-ZIP | VERO BEACH FL | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | YENCHO, JOHN | |
| STREET ADDRESS | 1562 39TH AVE | |
| CITY-ST-ZIP | VERO BEACH FL | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STANTON, LINK | |
| STREET ADDRESS | 1836 21ST AVENUE | |
| CITY-ST-ZIP | VERO BEACH FL | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STEER, LINDA | |
| STREET ADDRESS | 1435 48TH AVE. | |
| CITY-ST-ZIP | VERO BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Kevin Swords

KEVIN SWORDS

3/12/97 07/15/96

CR2E037 (9/96)