


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

| | | | |
|--|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 | |  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 P.O. BOX 7304 VERO BEACH FL 32961 | | Mailing Address P.O. BOX 7304 VERO BEACH FL 32961 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| 3. Date Incorporated or Qualified 07/27/1988 | | 4. FEI Number 65-0055529 | |
| 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 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 type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent CHNUPA, JOHN 455 19TH KPLACE 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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE P NAME CHNUP, JOHN <input checked="" type="checkbox"/> DELETE STREET ADDRESS 455 19TH PL CITY-ST-ZIP VERO BEACH FL | | 1.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Jeff Schlitt 1.3 STREET ADDRESS 1364 33rd AVE S.W. 1.4 CITY-ST-ZIP VERO BEACH, FL 32968 | |
| TITLE VP NAME PAIGE, JIM <input type="checkbox"/> DELETE STREET ADDRESS 3525 OCEAN DR CITY-ST-ZIP VERO BCH. FL | | 2.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME KEVIN SWORDS TITLE PLUS ADDRESS 2.3 STREET ADDRESS 4765 8th PL. 2.4 CITY-ST-ZIP VERO BEACH, FL 32966 | |
| TITLE P NAME SWORDS, KEVIN <input type="checkbox"/> DELETE STREET ADDRESS 1562 39TH AVE CITY-ST-ZIP VERO BEACH FL | | 3.1 TITLE T <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME John Vencho Jim PAIGE 3.3 STREET ADDRESS 3525 OCEAN DR. 3.4 CITY-ST-ZIP VERO BEACH, FL 32963 | |
| TITLE S NAME YENCHO, JOHN <input type="checkbox"/> DELETE STREET ADDRESS 1562 39TH AVE CITY-ST-ZIP VERO BEACH FL | | 4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME JOHN YENCHO 4.3 STREET ADDRESS 1805 38th AVE. 4.4 CITY-ST-ZIP VERO BEACH, FL 32960 | |
| TITLE D NAME STANTON, LINK <input type="checkbox"/> DELETE STREET ADDRESS 1836 21ST AVENUE CITY-ST-ZIP VERO BEACH FL | | 5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME LINDA STEER 5.3 STREET ADDRESS 1435 48th AVE. 5.4 CITY-ST-ZIP VERO BEACH, FL 32966 | |
| TITLE D NAME STEER, LINDA <input type="checkbox"/> DELETE STREET ADDRESS 1435 48TH AVE. CITY-ST-ZIP VERO BEACH FL | | 6.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME LINK STANTON 6.3 STREET ADDRESS 316 19th AVE 6.4 CITY-ST-ZIP VERO BEACH, FL 32962 | |
| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

0003362

CR2E037 (5/98)