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May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28614 (8)

1. Corporation Name
WARRIOR BOOSTERS CLUB, INC.

Principal Place of Business ONE WARRIOR DR P O BOX 698 CALLAHAN FL 32011 US	Mailing Address ONE WARRIOR DR P O BOX 698 CALLAHAN FL 32011 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BAKER, GARY 114 GREEN AVENUE PO BOX 1177 CALLAHAN FL 32011	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
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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	PD	1.1 TITLE	PD
NAME	DAVES, JUDY	1.2 NAME	William Wright
STREET ADDRESS	ONE WARRIOR DR	1.3 STREET ADDRESS	One Warrior Dr.
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	Callahan, FL. 32011
TITLE	VD	2.1 TITLE	VD
NAME	STROUD, MIKE	2.2 NAME	Randy Love
STREET ADDRESS	ONE WARRIOR DR	2.3 STREET ADDRESS	One Warrior Dr.
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	Callahan, FL. 32011
TITLE	SD	3.1 TITLE	SD
NAME	FOUNTAIN, LINDA	3.2 NAME	Mary Elder
STREET ADDRESS	1 WARRIOR DR	3.3 STREET ADDRESS	One Warrior Dr
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	Callahan, FL. 32011
TITLE	TD	4.1 TITLE	SD
NAME	BROWNING, SHARON	4.2 NAME	Louise Davis
STREET ADDRESS	ONE WARRIOR DR	4.3 STREET ADDRESS	One Warrior Dr
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ President 4/6/98 9048793702

CR2E037 (10/97)