

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N29450 (6)

1. Corporation Name

DEERFIELD BEACH HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.

**APPROVED
AND
FILED**

95 APR 26 AM 11:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**C/O RONALD L. CLODFELTER
910 SW 15 STREET, DEERFIELD BCH HS
DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1988** 3a. Date of Last Report **03/15/1994**

4. FBI Number **NOT APPLICABLE** 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 ☐ **\$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 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

**CLODFELTER, RONALD L.
DEERFIELD BEACH HIGH SCHOOL
910 SW 15 STREET
DEERFIELD BEACH FL 33441**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HARRIS, BERT**
STREET ADDRESS **DEERFIELD BCH HIGH SCHL**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **V**
NAME **PINO, BOB**
STREET ADDRESS **1420 SW 24 TERR**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **D**
NAME **CLODFELTER, RONALD**
STREET ADDRESS **DEERFIELD BCH HIGH SCHL**
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **T**
NAME **KENNEDY, TOBERT**
STREET ADDRESS **2910 NE 41 ST**
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **S**
NAME **KREIDER, SANDY**
STREET ADDRESS **3840 NE 27TH TERR**
CITY-ST-ZIP **LIGHTHOUSE PT FL**

TITLE **P**
NAME **MILLER, ED**
STREET ADDRESS **439 SE 2ND CT.**
CITY-ST-ZIP **DEERFIELD BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☒ Change ☐ Addition
1.2 NAME **GARY LAWRENCE**
1.3 STREET ADDRESS **DEERFIELD BEACH High School**
1.4 CITY-ST-ZIP **DEERFIELD BEACH, FL.**

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 **Robert Kennedy** **correction**
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 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 unchanged, or on an attachment with an address.

SIGNATURE:

Robert L. Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (305) 943-5369
Date Daytime Phone #