FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34391** **(5)**

1. Corporation Name

MULBERRY HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
C/O CHARLES L. CARLTON 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	C/O CHARLES L. CARLTON 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2935132 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	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
CARLTON, CHARLES L. 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, PAM	1.2 NAME	
STREET ADDRESS	2515 ROSLYN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCREARY, RON	2.2 NAME	
STREET ADDRESS	108 8TH ST. NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	GIBERTI, JAN R	3.2 NAME	
STREET ADDRESS	3380 FLAMINGO LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	NULPH, SHERRY L	4.2 NAME	
STREET ADDRESS	3265 DOVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Averil Jane Townsley
STREET ADDRESS		5.3 STREET ADDRESS	7820 Cherry Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MULBERRY FL 33860
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 the address.

SIGNATURE: Averil Jane Townsley 24 April 1995 813-284-4266
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

AVERIL JANE TOWNSLEY JAN R. GIBERTI