## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N34391

(5)

MULBERRY HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.

Principal Place of Business Mailing Address C/O CHARLES L. CARLTON C/O CHARLES L. CARLTON 2120 LAKELAND HILLS BLVD 2120 LAKELAND HILLS BLVD. LAKELAND FL 33805-2906 LAKELAND FL 33805 Date Incorporated or Qualified 09/25/1989 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2935132 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CARLTON, CHARLES L. 82 Street Address (P.O. Box Number is Not Acceptable) 2120 LAKELAND HILLS BLVD. 83 **LAKELAND FL 33805** City 84 Zip Code 85 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) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ Change Addition TITLE 1.1 TITLE **GIB**ERTI, JAN G NAME 1.2 NAME 3380 FLAMINGO LANE STREET ADDRESS 1.8 STREET ADDRESS MULBERRY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE D۷ 21 TITLE MCCREARY, RON NAME 2 P NAME 108 8TH ST. NE STREET ADDRESS 2 B STREET ADDRESS **MULBERRY FL 33860** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE DS 31 THUE Change Addition DS TOWNSLEY, TYRENE A 3.2 NAME NAME DRIVER, RAYMOND L. 4855 MAGNOLIA STREET ADDRESS **33 STREET ADDRESS** 1205 Thomasville Circle **MULBERRY FL** Lakeland, FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE ĎŤ 4.1 TITLE Change Addition NULPH, SHERRY L NAME 4.2 NAME 3265 DOVE LANE STREET ADDRESS 4.3 STREET ADDRESS **MULBERRY FL 33860** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 5.4 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 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.

NATURE ( ) SALVEY COLATION COLUMN

4-20-97

E037 (9/96)

**FILED** 

May 05 1997 8:00am

Secretary of State