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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:35

DOCUMENT # N37242 (7)

1. Corporation Name
SATELLITE HIGH SCHOOL CREW BOOSTERS, INC.

Principal Place of Business	Mailing Address
C/O DALE A. DETTMER 780 S. APOLLO BLVD. MELBOURNE FL 32901-1423	C/O DALE A. DETTMER 780 S. APOLLO BLVD. MELBOURNE FL 32901-1423

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3194564 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

DETTMER, DALE A.
780 S. APOLLO BLVD.
MELBOURNE FL

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 _____ 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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LAFLIN, JOHN C.	12 NAME	Johnson, Dan.	
STREET ADDRESS	545 LANTERNBACK ISL. DR.	13 STREET ADDRESS	3219 S. Atlantic Ave #201	
CITY-ST-ZIP	SATELLITE BEACH FL	14 CITY-ST-ZIP	Cocoa Beach, FL	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	LAFLIN, BETSY A.	22 NAME	Schweikert, Denette	
STREET ADDRESS	545 LANTERNBACK ISL. DR.	23 STREET ADDRESS	651 Loggerhead Island Dr.	
CITY-ST-ZIP	SATELLITE BEACH FL	24 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	DEITMER, DALE	32 NAME	Bell, Becky	
STREET ADDRESS	780 SOUTH APOLLO BLVD.	33 STREET ADDRESS	10080 S. Tropical Trail	
CITY-ST-ZIP	MELBOURNE FL	34 CITY-ST-ZIP	Merritt Island, FL	
TITLE		41 TITLE	Ret.PD	☒ Change ☐ Addition
NAME		42 NAME	Laflin, John C.	
STREET ADDRESS		43 STREET ADDRESS	712 Nicklaus Dr	
CITY-ST-ZIP		44 CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 an address.

SIGNATURE: J C Laflin — 5/5/95 — 407 7295713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035130