

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date Incorporated or Qualified **03/26/1990** 3a. Date of Last Report **05/24/1995**
4. FEI Number **59-3194564** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DETTMER, DALE A.
780 S. APOLLO BLVD.
MELBOURNE FL
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 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 '92	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President + Add JOHNSON, DAN 3219 S ATLANTIC AVE 201 COCOA BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman + Director Dave Bock 477 Bimini Lane Indian Harbour Beach, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWEIKERT, DENETTE 651 LOGGERHEAD ISLAND DR SATELLITE BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Secretary + Director Ilene Herr 417 N. Kommas Way Melbourne Beach, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, BECKY 10080 S TROPICAL TRAIL MERRITT ISLAND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD LAFIN, JOHN C 712 NICKLAUS DR MELBOURNE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer + Director Add Kim Nicholas 525 Island Ct. Indian Harbour Bch, FL 32937	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + Director Add Sam Sorice 12 Brenda Ct. Satellite Beach, FL 32937	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	100001896571 -07/17/96--01047--002 ***61.25

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 if changed, or on an attachment with an address.

SIGNATURE: Kim Nicholas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kim Nicholas Secretary

May 1, 1996 (407) 773-7060
Date Daytime Phone #
May 26, 1996 (407) 773-8713

CR2E037 (12/95)