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Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38343** (2)

1. Corporation Name

EAGLE ALL-SPORTS BOOSTERS, INC.

Principal Place of Business

**C/O ERNIE MODUGNO
1100 22ND AVE. NORTH
NAPLES FL 33940**

Mailing Address

**C/O ERNIE MODUGNO
1100 22ND AVE. NORTH
NAPLES FL 34103-4842**



3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MODUGNO, ERNIE
1100 22ND AVE. NORTH
NAPLES FL 33940**

4. FEI Number

65-0209554

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE

NAME **MASSEY, SUSAN**
STREET ADDRESS **1673 3RD ST. SO.**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **SD** ☐ DELETE

NAME **ROGERS, JANE**
STREET ADDRESS **2223 SNOOK DRIVE**
CITY-ST-ZIP **NAPLES FL 33962**

TITLE **TD** ☒ DELETE

NAME **TORRES, SHEILA**
STREET ADDRESS **2673 POINCIANA DRIVE**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE **PD** ☒ DELETE

NAME **VISOSKY, JOHN**
STREET ADDRESS **760 BELAIR COURT**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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 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 from an attachment with an address.

CR2E037 (9/96)