

# 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 # N39038 (7)**

1. Corporation Name  
**LELY ACADEMIC BOOSTERS CLUB, INC.**



Principal Place of Business: **324 LELY BLVD, 700 ELEVENTH STREET SOUTH, SUITE 203, NAPLES FL 33942, US**  
Mailing Address: **324 LELY BLVD, 700 ELEVENTH STREET SOUTH, SUITE 203, NAPLES FL 33962, US**

3. Date Incorporated or Qualified: **07/09/1990**  
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business: **21 Lely High School**  
2a. Mailing Address: **26 Lely High School**

4. FEI Number: **65-0199076**  
Applied For:  Not Applicable

22 #1 Lely H.S., Blvd.  
27 #1 Lely H.S., Blvd.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23 Naples, FL  
28 Naples, FL

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24 33962  
25 USA  
29 33962  
30 USA

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

9. Name and Address of Current Registered Agent  
**SIESKY, JAMES H. ESQUIRE  
1000 N. TAMAMI TR.  
STE 201  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name: **Roy M. Terry**  
82 Street Address (P.O. Box Number is Not Acceptable): **Lely High School**  
83 #1 Lely H.S., Blvd.  
84 City: **Naples, FL**  
85 Zip Code: **33962**

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]* Assistant Principal  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)  
Date: **4/17/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEAMPLES, MARCEL	
STREET ADDRESS	1484 FOXFIRE LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KNOSEN, CHRIS	
STREET ADDRESS	2316 ELIZABETH CT	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENNEDY, PAT	
STREET ADDRESS	220 BALTUSROL DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURNETT, GERRY	
STREET ADDRESS	939 BLUE BIRD ST	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOLSON, NAN	
STREET ADDRESS	1919 INDIAN HILL DR	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CANNON CAHE	
STREET ADDRESS	4827 TAHIT LN	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Campbell, Jim	
1.3 STREET ADDRESS	113 Quail Hollow Court	
1.4 CITY-ST-ZIP	Naples, Florida 33962	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Knudsen, Chris	
2.3 STREET ADDRESS	(Spelling only)	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Owens, Laurie	
4.3 STREET ADDRESS	2308 Elizabeth Court	
4.4 CITY-ST-ZIP	Naples, Florida 33962	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mazorra, Maria	
5.3 STREET ADDRESS	921 Rosea Court	
5.4 CITY-ST-ZIP	Naples, Florida 33942	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cannon, Gail	
6.3 STREET ADDRESS	4827 Tahiti Lane	
6.4 CITY-ST-ZIP	(Spelling only)	

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: *[Signature]* James Campbell  
Signature and typed or printed name of signing officer or director  
Date: **4/17/96**  
Daytime Phone #: **598 1615 / 774 2661**

CR2E037 (12/95)