

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39038 (7)**  
1. Corporation Name  
**LELY ACADEMIC BOOSTERS CLUB, INC.**



Principal Place of Business <b>LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES FL 33962 US</b>	Mailing Address <b>LELY HIGH SCHOOL #1 LELY H.S. BLVD NAPLES FL 33962 US</b>
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3. Date Incorporated or Qualified <b>07/09/1990</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
Suite, Apt. #, etc. 22 Same	Suite, Apt. #, etc. 27 Same
City & State 23 Same	City & State 28 Same
Zip 24 34113	Country 25 US
Zip 29 34113	Country 30 US

4. FEI Number <b>65-0199076</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROY M. TERRY  
LELY HIGH SCHOOL  
#1 LELY H.S. BLVD  
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code <b>FL 34113</b>

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: Roy M. Terry Roy M. Terry 4/18/97  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when relinquishing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>CAMPBELL, JIM</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Roy Terry</b>
NAME	<b>113 QUAIL HOLLOW COURT</b>	1.2 NAME	<b>2649 Aft Avenue</b>
STREET ADDRESS	<b>NAPLES FL</b>	1.3 STREET ADDRESS	<b>Naples, Florida 34109</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <b>KNUDSEN, CHRIS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Nordberg, Marianne</b>
NAME	<b>2316 ELIZABETH CT</b>	2.2 NAME	<b>362 Pinehurst Circle</b>
STREET ADDRESS	<b>NAPLES FL</b>	2.3 STREET ADDRESS	<b>Naples, Florida 34113</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD <b>KENNEDY, PAT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>220 BALTUSROL DR</b>	3.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD <b>OWENS, LAURIE</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2308 ELIZABETH COURT</b>	4.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD <b>MAZORRA, MARIA</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>921 ROSEA COURT</b>	5.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD <b>CANNON, GAIL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4827 TAHITI LANE</b>	6.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: Roy M. Terry Roy M. Terry 4/18/97 991 774 7224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079557

CR2E037 (9/96)