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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39038

1. Corporation Name

LELY ACADEMIC BOOSTERS CLUB, INC.

Principal Place of Business

LELY HIGH SCHOOL
 #1 LELY H.S. BLVD
 NAPLES FL 34113
 US

Mailing Address

LELY HIGH SCHOOL
 #1 LELY H.S. BLVD
 NAPLES FL 34113
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

07/09/1990

4. FEI Number

65-0199076

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

9. Name and Address of Current Registered Agent

PARRISH, MIKE
 LELY HIGH SCHOOL
 #1 LELY H.S. BLVD
 NAPLES FL 34113

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 PD DELETE
 NAME PARRISH, MIKE
 STREET ADDRESS 340 29TH ST NW
 CITY-ST-ZIP NAPLES FL 34120

TITLE TD DELETE
 NAME KOKKINOS, REBECCA
 STREET ADDRESS 1159 HOLIDAY LN
 CITY-ST-ZIP NAPLES FL 34104

TITLE VD DELETE
 NAME OWENS, LAURIE
 STREET ADDRESS 2308 ELIZABETH COURT
 CITY-ST-ZIP NAPLES FL

TITLE SD DELETE
 NAME MAZORRA, MARIA
 STREET ADDRESS 921 ROSEA 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 PD MAZORRA, MARIA
 4.3 STREET ADDRESS 921 ROSEA COURT
 4.4 CITY-ST-ZIP NAPLES FL 34104

5.1 TITLE Change Addition
 5.2 NAME SD DALY, KELLY
 5.3 STREET ADDRESS 6823 DARBY CT.
 5.4 CITY-ST-ZIP NAPLES, FL. 34104

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: R. LORENA KOKKINOS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 941775428
 Date Daytime Phone #

CR2E037-(41/98)