

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N39857

(0)

1. Corporation Name

EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC

Principal Place of Business

Mailing Address

% ELLEN R. GERSHOW  
2215 NW 24TH AVE  
GAINESVILLE FL 32605  
US

% ELLEN R. GERSHOW  
2215 NW 24TH AVE  
GAINESVILLE FL 32605  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GERSHOW, ELLEN R  
2215 NW 24TH AVE  
GAINESVILLE FL 32605

3. Date Incorporated or Qualified

08/02/1990

4. FEI Number

59-3078077

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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

*Ellen R. Gershow*

*Ellen R. Gershow*

7-30-98

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 SD  
NAME KNECKT, FUTTER  
STREET ADDRESS 1800 NW 46 ST  
CITY-ST-ZIP GAINESVILLE FL  
☒ DELETE

TITLE VPD  
NAME BALLOON, SUSAN  
STREET ADDRESS 927 NW 42ND CT  
CITY-ST-ZIP GAINESVILLE FL  
☐ DELETE

TITLE TDVP  
NAME MILLER, ELLEN  
STREET ADDRESS 531 SW 26TH PL  
CITY-ST-ZIP GAINESVILLE FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President & Director (D) ☒ Change ☒ Addition  
1.2 NAME Linda Kallman  
1.3 STREET ADDRESS 2245 N.W. 24th Ave  
1.4 CITY-ST-ZIP Gainesville, FL 32605

2.1 TITLE V. President & Director (D) ☒ Change ☐ Addition  
2.2 NAME Susan Balloon  
2.3 STREET ADDRESS 6506 N.W. 56th Lane  
2.4 CITY-ST-ZIP Gainesville, FL 32653

3.1 TITLE Treasurer & Director (D) ☐ Change ☒ Addition  
3.2 NAME Marguerite Donnelly  
3.3 STREET ADDRESS 2268 NW 17 Ave  
3.4 CITY-ST-ZIP Gainesville, FL 32605

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
800002667413-13  
-10/19/98-01123-003  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
B 10/16/98  
☐ Change ☐ Addition

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.

SIGNATURE:

*Marguerite Donnelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/98 (352) 373-6440

Date Daytime Phone #

CR2E037 (5/98)

0001642

FILED

98 OCT 15 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

