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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N39857

1. Corporation Name

EASTSIDE HIGH SCHOOL ACADEMIC BOOSTERS CLUB, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3078077

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Ellen R. Gershow

2-8-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
 NAME KALLMAN, LINDA
 STREET ADDRESS 2245 N.W. 24TH AVE.
 CITY-ST-ZIP GAINESVILLE FL 32605

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2811 NW 58th Blvd
Gainesville, FL 32606

☒ Change ☐ Addition

TITLE VPD ☐ DELETE
 NAME BALLOON, SUSAN
 STREET ADDRESS 6506 N.W. 56TH LANE
 CITY-ST-ZIP GAINESVILLE FL 32605

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

VPD
Sharon Mata Sar
3901 SW 9th Terr.
Gainesville, FL 32608

☒ Change ☐ Addition

TITLE TD ☐ DELETE
 NAME DONNELLY, MARGUERITE
 STREET ADDRESS 2268 NW 17 AVE
 CITY-ST-ZIP GAINESVILLE FL 32605

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TD
Rose Ramos
2500 NW 50th Place
Gainesville, FL 32605

☒ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ 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, with all other like empowered.

SIGNATURE: *Linda Kallman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 *352-3760339*
 Date Daytime Phone #

CR2E037 (11/98)