

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

19963-6-96 B 1905 C

DOCUMENT # N41024 (3)

1. Corporation Name

FORT MYERS HIGH SCHOOL ACADEMIC BOOSTER CLUB, IN
C.

Principal Place of Business

2635 CORTEZ BLVD
FORT MYERS FL 33901

Mailing Address

2635 CORTEZ BLVD
FORT MYERS FL 33901



3. Date Incorporated or Qualified
11/30/1990

3a. Date of Last Report
03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0235436

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROUGHTON, TERRY V.
2000 MAIN STREET
SUITE 405
FORT MYERS FL 33901

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME BLOOMSTON, TEDDI
STREET ADDRESS 5701 GRILLET PLACE
CITY-ST-ZIP FORT MYERS FL 33191

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME Bacon, Lynne
1.3 STREET ADDRESS 6932 Old Whiskey Creek Drive
1.4 CITY-ST-ZIP Fort Myers, Florida 33919

TITLE D ☒ DELETE
NAME HALL, DAVID C
STREET ADDRESS 2017 MCGREGOR BLD.
CITY-ST-ZIP FORT MYERS FL 33901

2.1 TITLE D/V ☒ Change ☐ Addition
2.2 NAME Jekel, Donna
2.3 STREET ADDRESS 2024 Coral Point Drive
2.4 CITY-ST-ZIP Cape Coral, Florida 33990

TITLE D ☒ DELETE
NAME HERMANN, MARY JANE
STREET ADDRESS 5215 WESTMINSTER DR.
CITY-ST-ZIP FT. MYERS FL 33919

3.1 TITLE D/S ☒ Change ☐ Addition
3.2 NAME Tuttle, Janette
3.3 STREET ADDRESS 5702 Autumnwood Court
3.4 CITY-ST-ZIP Fort Myers, Florida 33919

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Caangay, Elizabeth
4.3 STREET ADDRESS 3970 Hilden Acres Circle
4.4 CITY-ST-ZIP North Fort Myers, Florida 33903

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 27, 1996 (941)934-8555
Date Daytime Phone #

CR2E037 (12/95)