

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 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 # N41024 (3)**  
1. Corporation Name  
**FORT MYERS HIGH SCHOOL ACADEMIC BOOSTER CLUB, INC.**

Principal Place of Business <b>2635 CORTEZ BLVD FORT MYERS FL 33901</b>	Mailing Address <b>2635 CORTEZ BLVD FORT MYERS FL 33901-5839</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/30/1990</b>	3a. Date of Last Report <b>03/06/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0235436</b>	Applied For Not Applicable
23	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30	Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BROUGHTON, TERRY V. 2000 MAIN STREET SUITE 405 FORT MYERS FL 33901</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACON, LYNNE</b>	1.2 NAME	
STREET ADDRESS	<b>6932 OLD WHISKEY CREEK DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	1.4 CITY - ST - ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEKEL, DONNA</b>	2.2 NAME	
STREET ADDRESS	<b>2024 CORAL POINT DRIVE</b>	2.3 STREET ADDRESS	<b>240 DUNDEE ROAD</b>
CITY - ST - ZIP	<b>CAPE CORAL FL</b>	2.4 CITY - ST - ZIP	<b>FORT MYERS BOEACH, FL 33912</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUTTLE, JANETTE</b>	3.2 NAME	
STREET ADDRESS	<b>5702 AUTUMNWOOD COURT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANAGY, ELIZABETH</b>	4.2 NAME	
STREET ADDRESS	<b>3970 HIDDEN ACRES CIRCLE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH FORT MYERS FL 33903</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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 *[Signature]* **January 15, 1997** (941) 936-8555

CR2E037 (9/96)