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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90109 025 \*\*\*\*61.25

**DOCUMENT # N42295**

1. Corporation Name

**RIDGEWOOD HIGH SCHOOL ATHLETIC BOOSTERS CORPORAT  
ION**

Principal Place of Business

7650 ORCHID LAKE ROAD  
NEW PORT RICHEY FL 34653-1399

Mailing Address

7650 ORCHID LAKE ROAD  
NEW PORT RICHEY FL 34653-1399



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/25/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3052324

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HULTON, WILLIAM**  
7650 ORCHID LAKE ROAD  
NEW PORT RICHEY FL 34653-1399

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 BALINSKY, LOUISEANN  
STREET ADDRESS 7325 CHINABERRY CT.  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VPD ☐ DELETE  
NAME MANSFIELD, DECLAN  
STREET ADDRESS 8300 MASSACHUSETTS AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE TD ☐ DELETE  
NAME MARQUEZ, LUZ  
STREET ADDRESS 9911 LAKE CHRIS LANE  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE SD ☐ DELETE  
NAME LANE, KAREN  
STREET ADDRESS 7221 SAN MORITZ DR.  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE SD ☐ DELETE  
NAME CASANOVA, MARIE  
STREET ADDRESS 6827 BOTTLEBRUSH DRIVE  
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP Pam Sherwood ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS 5517 Manatee Pt. Drive  
1.4 CITY-ST-ZIP New Port Richey, FL. 34652

2.1 TITLE PD President ☒ Change ☐ Addition  
2.2 NAME Mansfield, Declan  
2.3 STREET ADDRESS 8300 Massachusetts Avenue  
2.4 CITY-ST-ZIP New Port Richey, FL. 34653

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE VP Vice President ☐ Change ☒ Addition  
6.2 NAME Judith Marchido  
6.3 STREET ADDRESS 7924 Seasons Lane  
6.4 CITY-ST-ZIP New Port Richey, FL. 34653

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: *Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 99  
Date

848-1583  
Daytime Phone #

CR2E037 (1/98)

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