

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 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 # N44689 (0)**  
1. Corporation Name  
**MANATEE COUNTY DOLPHINS BOOSTER CLUB, INC.**



Principal Place of Business  
**AQUATIC CENTER  
5508 - 33RD AVENUE DRIVE WEST  
BRADENTON FL 34209  
US**

Mailing Address  
**5726 CORTEZ RD W  
#182  
BRADENTON FL 34210-2701  
US**

3. Date Incorporated or Qualified **08/12/1991** 3a. Date of Last Report **04/25/1996**

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0329272</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HAWKINS, JOHN D. 1023 MANATEE AVE. WEST BRADENTON FL 34205</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLINGAR, KAREN A</b>	1.2 NAME	
STREET ADDRESS	<b>8008 12 AVE W</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLS, SALLY</b>	2.2 NAME	<b>Snyder, Mike</b>
STREET ADDRESS	<b>2203 67 AT W</b>	2.3 STREET ADDRESS	<b>1215 76th Street NW</b>
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34209</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THAYER, ELLEN</b>	3.2 NAME	<b>Coey, Cynthia</b>
STREET ADDRESS	<b>212 22ND ST NE</b>	3.3 STREET ADDRESS	<b>4515 26th Avenue West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton, FL 34209</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCGARRY, SHARON</b>	4.2 NAME	<b>Peterson, Judy</b>
STREET ADDRESS	<b>3907 COCOANUT TERRACE</b>	4.3 STREET ADDRESS	<b>1401 28th Street West</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)