


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N44713** (8)

1. Corporation Name

MARTIN COUNTY SEMINOLE BOOSTERS, INC.

Principal Place of Business

**73 SW FLAGLER AVENUE
STUART FL 34994**

Mailing Address

**P. O. BOX 170
STUART FL 34995-0170
US**

3. Date Incorporated or Qualified
08/16/1991

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WAXLER, CAROL S.
73 SW FLAGLER AVENUE
STUART FL 34994**

4. FEI Number
65-0274776

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

10. Name and Address of New Registered Agent

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	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, IVAN	
STREET ADDRESS	33 SW FLAGLER AVE	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILFONG, BRENDA	
STREET ADDRESS	33 FLAGLER AVENUE	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PRIBBLE, DAVID	
STREET ADDRESS	33 SW FLAGLER AVE	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COLLER, MIKE	
STREET ADDRESS	2800 SE MARKET PLACE	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brenda Wilfong	
1.3 STREET ADDRESS	Suite 200, 759 S. Federal Hwy	
1.4 CITY-ST-ZIP	Stuart, FL 34994	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jennifer Atkinson	
2.3 STREET ADDRESS	Suite 200, 759 S. Federal Hwy	
2.4 CITY-ST-ZIP	Stuart, FL 34994	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Offie McCullum	
3.3 STREET ADDRESS	Suite 200, 759 S. Federal Hwy	
3.4 CITY-ST-ZIP	Stuart, FL 34994	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thomas R. Morris	
4.3 STREET ADDRESS	Suite 200, 759 S. Federal Hwy	
4.4 CITY-ST-ZIP	Stuart, FL 34994	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Thomas R. Morris

4/15/97

(561) 221-1108

Date

Daytime Phone # 0072078

CR2E037 (9/96)