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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

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**DOCUMENT # N44713**

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  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/16/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0274776

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

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

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 SD  
NAME ATKINSON, JENNIFER  
STREET ADDRESS SUITE 200, 759 S FEDERAL HWY  
CITY-ST-ZIP STUART FL ☒ DELETE

1.1 TITLE Secretary ☐ Change ☐ Addition  
1.2 NAME Pat Isaacs  
1.3 STREET ADDRESS Suite 200, 759 S. Federal Hwy  
1.4 CITY-ST-ZIP Stuart, FL 34994

TITLE PD  
NAME WILFONG, BRENDA  
STREET ADDRESS SUITE 200, 759 S FEDERAL HWY  
CITY-ST-ZIP STUART FL ☒ DELETE

2.1 TITLE President ☐ Change ☐ Addition  
2.2 NAME Tom Morris  
2.3 STREET ADDRESS Suite 200, 759 S. Federal Hwy  
2.4 CITY-ST-ZIP Stuart, FL 34994

TITLE VPD  
NAME MORRIS, THOMAS R.  
STREET ADDRESS 759 S FEDERAL HWY STE 300  
CITY-ST-ZIP STUART FL ☒ DELETE

3.1 TITLE Vice President ☐ Change ☐ Addition  
3.2 NAME Bobby Allen  
3.3 STREET ADDRESS Suite 200, 759 S. Federal Hwy  
3.4 CITY-ST-ZIP Stuart, FL 34994

TITLE TD  
NAME MORRIS, THOMAS R  
STREET ADDRESS SUITE 200, 759 S FEDERAL HWY  
CITY-ST-ZIP STUART FL ☒ DELETE

4.1 TITLE Treasurer ☐ Change ☐ Addition  
4.2 NAME Patrick Comer  
4.3 STREET ADDRESS Suite 200, 759 S. Federal Hwy  
4.4 CITY-ST-ZIP Stuart, FL 34994

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

223-0005 ext 1268

Date

Daytime Phone #

CR2E037 (11/98)