

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45584

(2)

1. Corporation Name

SUWANNEE WRESTLING BOOSTERS, INC.

Principal Place of Business

RT 2 BOX 169B
LIVE OAK FL 32060
US

Mailing Address

RT 2 BOX 169B
LIVE OAK FL 32060
US



100001872691

-06/24/96--01024--008

***61.25

3. Date Incorporated or Qualified 10/11/1991 3a. Date of Last Report 05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

4. FEI Number

59-3128741

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

9. Name and Address of Current Registered Agent

RAINES, KENNETH B.
RT 2 BOX 169B
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name

HUNTER, CLIFFORD

82

Street Address (P.O. Box Number is Not Acceptable)

1410 RUBY ST.

83

84

City

LIVE OAK

FL

85 Zip Code 32060

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RAINES, KENNETH B.	
STREET ADDRESS	RT 2 BOX 169B	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAINES, ELAINE	
STREET ADDRESS	RT 2 BOX 169B	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CORBIN, LEON	
STREET ADDRESS	RT 4 BOX 173-2	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORBIN, MARTHA SUE	
STREET ADDRESS	RT 4 BOX 173-2	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REGISTER, KRISTIN	
STREET ADDRESS	RT 4 BOX 312C	
CITY - ST - ZIP	LIVE OAK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, FRANK	
STREET ADDRESS	214 HELVENSTON ST	
CITY - ST - ZIP	LIVE OAK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUNTER, CLIFFORD	
1.3 STREET ADDRESS	1410 RUBY ST.	
1.4 CITY - ST - ZIP	LIVE OAK, FL 32060	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CANTELLA, MICHAEL	
2.3 STREET ADDRESS	6294 SKEEN RD.	
2.4 CITY - ST - ZIP	LIVE OAK, FL 32060	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CANTELLA, BRENDA	
3.3 STREET ADDRESS	6294 SKEEN RD.	
3.4 CITY - ST - ZIP	LIVE OAK, FL 32060	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CORBIN, MARTHA SUE	
4.3 STREET ADDRESS	RT. 4, BOX 173-2	
4.4 CITY - ST - ZIP	LIVE OAK, FL 32060	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RILEY, CHERYL	
5.3 STREET ADDRESS	9414 147th RD	
5.4 CITY - ST - ZIP	LIVE OAK, FL 32060	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NORRIS, JOHN	
6.3 STREET ADDRESS	7285 119th RD	
6.4 CITY - ST - ZIP	LIVE OAK, FL 32060	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Clifford O. Hunter Clifford O. Hunter

4-18-96

704-584-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E037 (12/95)