

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46586** (6)

1. Corporation Name

LADY TIGER BOOSTERS CLUB OF MARTIN COUNTY, INC.



Principal Place of Business

Mailing Address

C/O TERENCE P. MCCARTHY
2081 E. OCEAN BLVD., SUITE 2-A
STUART FL 34996

C/O TERENCE P. MCCARTHY
2081 E. OCEAN BLVD., SUITE 2-A
STUART FL 34996

3. Date Incorporated or Qualified
12/18/1991

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0399689

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCARTHY, TERENCE P.
2081 E. OCEAN BLVD.
SUITE 2-A
STUART FL 34996

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 PD ☒ DELETE
NAME ERICSON, DOUG
STREET ADDRESS 1856 SW STRATFORD WAY
CITY-ST-ZIP PALM CITY FL 34990

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME RANDY MILAN-Williams
1.3 STREET ADDRESS 1166 Coy Senda
1.4 CITY-ST-ZIP Jensen Beach, FL 34957

TITLE SD ☐ DELETE
NAME BECKER, KAREN
STREET ADDRESS HUTCHINSON ISLAND
CITY-ST-ZIP STUART FL 34996

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2300 SW ESSEX COURT
2.4 CITY-ST-ZIP PALM CITY, FL 34990

TITLE TD ☒ DELETE
NAME ARNOLD, LINDA
STREET ADDRESS 710 ST. LUCIE CRESCENT
CITY-ST-ZIP STUART FL

3.1 TITLE LINDA ARNOLD ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 710 ST. LUCIE CRESCENT
3.4 CITY-ST-ZIP STUART, FL 34994

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 400001793794

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP -04/25/96--01014--020
***61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 12, 1996

Date

407-220-3831

Daytime Phone #

51-200-91

CR2E037 (12/95)