

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46586** (6)
1. Corporation Name
LADY TIGER BOOSTERS CLUB OF MARTIN COUNTY, INC.



Principal Place of Business C/O TERENCE P. MCCARTHY 2081 E. OCEAN BLVD., SUITE 2-A STUART FL 34996	Mailing Address C/O TERENCE P. MCCARTHY 2081 E. OCEAN BLVD., SUITE 2-A STUART FL 34996-3326
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1991	3a. Date of Last Report 04/24/1996
21		26		4. FEI Number 65-0399689	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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 617.1506, 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILAN-WILLIAMS, RANDY	1.2 NAME	
STREET ADDRESS	1186 COY SENDA	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL 34957	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, KAREN	2.2 NAME	Debbie Sea
STREET ADDRESS	2300 SW ESSEX CT	2.3 STREET ADDRESS	3 St Lucie Ct
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	Stuart FL 34996
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, LINDA	3.2 NAME	Debra Skidmore
STREET ADDRESS	710 ST. LUCIE CRESCENT	3.3 STREET ADDRESS	3266 NE KAPOKET
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Jensen Beach FL 34957
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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: *Sandra D. Mortham* 4/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072159

CR2E037 (9/96)