FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000769 (0)**

1. Corporation Name

TAMPA BAY LIGHTNING BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
4208 WISCONSIN AVE TAMPA FL 33616	4208 WISCONSIN AVE TAMPA FL 33616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-3149621 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4502 S MANHATTAN AVE	26 PO BOX 20952
Suite, Apt. #, etc. 22 STE 204	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33611 / 25 HILLSBOROUGH	Zip / Country 29 33622 / 30 HILLSBOROUGH

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CLARK, MARION 4208 WISCONSIN AVENUE TAMPA FL 33616	81 Name: SUZANNE NOLL 82 Street Address (P.O. Box Number is Not Acceptable): 4502 S. MANHATTAN AVE. 83 84 City: TAMPA FL 85 Zip Code: 33611

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/fax)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	CLARK, MARION	12 NAME	BILL CONNELL	
STREET ADDRESS	4208 WISCONSIN AVE.	13 STREET ADDRESS	4949 MARBRISA LN #305	
CITY ST ZIP	TAMPA FL 33616	14 CITY ST ZIP	TAMPA FL 33624	
TITLE	TD	21 TITLE	TREASURER	☒ Change ☐ Addition
NAME	BOLDUC, ELEANOR	22 NAME	SUZANNE NOLL	
STREET ADDRESS	4413 OHIO AVE.	23 STREET ADDRESS	4628 BYERLY CA.	
CITY ST ZIP	TAMPA FL 33616	24 CITY ST ZIP	TAMPA FL 33634	
TITLE	VD	31 TITLE	VICE PRES.	☒ Change ☐ Addition
NAME	BOLDUC, JOE MEMBER	32 NAME	JOE BOLDUC	
STREET ADDRESS	4413 OHIO AVE.	33 STREET ADDRESS	4413 OHIO AVE	
CITY ST ZIP	TAMPA FL 33616	34 CITY ST ZIP	TAMPA, FL 33616	
TITLE	VD	41 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	CONNELL, WILLIAM	42 NAME	NIKKI BALLENTINE	
STREET ADDRESS	4806 WILLOW RUN PL	43 STREET ADDRESS	5620-11 KINGFISH DR.	
CITY ST ZIP	TAMPA FL 33624	44 CITY ST ZIP	LUTZ, FL 33549	
TITLE	TRS	51 TITLE		☐ Change ☐ Addition
NAME	SCHAFER, JOAN	52 NAME		
STREET ADDRESS	11745 7TH WAY N #7	53 STREET ADDRESS		
CITY ST ZIP	ST PETERSBURG FL 33716	54 CITY ST ZIP		
TITLE	TCS	61 TITLE		☐ Change ☐ Addition
NAME	COSGROVE, JUDY	62 NAME		
STREET ADDRESS	2305 W FLORA ST	63 STREET ADDRESS		
CITY ST ZIP	TAMPA FL 33604	64 CITY ST ZIP		

N/A
N/A

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)(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: William Connell — WILLIAM CONNELL — 2/20/95 — 813-960-5312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084385