

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001518 (0)

1. Corporation Name

SOUTH LAKE BAND BOOSTERS, INC.

Principal Place of Business

Mailing Address

P.O. DRAWER 120848
CLERMONT FL 34712-0848

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CLERMONT FL 34712-0848

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

06/28/1994

4. FEI Number

593174749

Applied For

~~NOT APPLICABLE~~

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

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. 190.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 South Lake High School

26 PO Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Groveland FL

28 Minneola FL

Zip Country

Zip Country

24 34736 25

29 34755 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOVIS, GEORGE E
481 E HWY 50
CLERMONT FL 34711

01 Name

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

03

04 City

FL

05 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WATSON, RALPH
STREET ADDRESS 18848 TEQUESTA TR
CITY - ST - ZIP CLERMONT FL 3
TITLE V
NAME WILLIAMS, SALLY
STREET ADDRESS 12231 WARREN RD
CITY - ST - ZIP CLERMONT FL
TITLE SD
NAME JONES, MARY
STREET ADDRESS 11805 SKYVIEW LANE
CITY - ST - ZIP CLERMONT FL
TITLE TD
NAME FIELDS, CHERYL
STREET ADDRESS 112200 LAKE CIR
CITY - ST - ZIP CLERMONT FL
TITLE D
NAME POWELL, ALAN
STREET ADDRESS 2270 RIDGE AVE
CITY - ST - ZIP CLERMONT FL
TITLE SD
NAME HUDSON, CYRISSE
STREET ADDRESS 715 SUNNYDELL DR
CITY - ST - ZIP CLERMONT FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP 34711
2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP 34711
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME JONES, MARY ANN
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP 34711
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 11220 LAKE CIRCLE
4.4 CITY - ST - ZIP 34711
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME HUNT, EDWIN
5.3 STREET ADDRESS 12336 BAY LAKE RD
5.4 CITY - ST - ZIP GROVELAND FL 34736
6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP 34711

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 110.07(3)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ralph E Watson

RALPH E WATSON

1/26/95

904 3443998