

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001518 (0)**

1. Corporation Name

**SOUTH LAKE BAND BOOSTERS, INC.**



Principal Place of Business <b>SOUTH LAKE HIGH SCHOOL GROVELAND FL 34736 US</b>	Mailing Address <b>P O BOX 130 MINNEOLA FL 34755-0130 US</b>
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3. Date Incorporated or Qualified <b>04/05/1993</b>	3a. Date of Last Report <b>03/11/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-3174749</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>HOVIS, GEORGE E 481 E HWY 50 CLERMONT FL 34711</b>	10. Name and Address of New Registered Agent  <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>WATSON, RALPH</b> PO BOX 1010 MINNEOLA FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>VD</b>	<b>WILLIAMS, SALLY</b> 12231 WARREN RD CLERMONT FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>SD</b>	<b>JONES, MARY ANN</b> 11805 SKYVIEW LANE CLERMONT FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>TD</b>	<b>FIELDS, CHERYL</b> 11220 LAKE CIRCLE CLERMONT FL	<input type="checkbox"/> DELETE	
TITLE <b>D</b>	<b>HUNT, EDWIN</b> 12336 BAY LAKE RD GROVELAND FL	<input checked="" type="checkbox"/> DELETE	
TITLE <b>SD</b>	<b>HUDSON, CYRISSE</b> 715 SUNNYDELL DR CLERMONT FL	<input type="checkbox"/> DELETE	
1.1 TITLE	<b>PRESIDENT PD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JUDY PAUL</b>		
1.3 STREET ADDRESS	<b>411 E. WALDO ST</b>		
1.4 CITY-ST-ZIP	<b>GROVELAND, FL 34736</b>		
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HOWARD SHERMAN</b>		
2.3 STREET ADDRESS	<b>17405 MANDARIN CIRCLE</b>		
2.4 CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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.

CR2E037 (9/96)