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
1995 APR -6 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002881 (1)

1. Corporation Name
SOUTH LAKE ATHLETIC BOOSTERS, INC.

Principal Place of Business	Mailing Address
15600 SILVER EAGLE ROAD GROVELAND FL 32736 US	15600 SILVER EAGLE ROAD GROVELAND FL 32736 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-3202804 ☐ Applied For ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

COGGSHALL, DAVID C
1319 11TH ST.
CLERMONT FL 34711

10. Name and Address of New Registered Agent

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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COGGSHALL, DAVID C	1.2 NAME	
STREET ADDRESS	1319 11TH ST.	1.3 STREET ADDRESS	600001451826
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	-04/10/95--01034--009
TITLE	D D - VP	2.1 TITLE	☒ Change ☐ Addition
NAME	GAINES, JACK F	2.2 NAME	****130.00 ****130.00
STREET ADDRESS	173 W. OSCEOLA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☒ Change ☐ Addition
NAME	POYNTER, KITTY D	3.2 NAME	
STREET ADDRESS	1972 BRANTLEY CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	SPINABELLA, DENNIS	4.2 NAME	
STREET ADDRESS	15349 VINOLA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	ROBBINS, DOYLE W	5.2 NAME	
STREET ADDRESS	358 E. MAGNOLIA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	5.4 CITY-ST-ZIP	
TITLE	S D P	6.1 TITLE	☒ Change ☐ Addition
NAME	LOWE, JAMES C	6.2 NAME	DOA 4-6-95
STREET ADDRESS	5812 LAKE CHATHERINE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	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)(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: _____ 4-1-95 904 394-8538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK F. GAINES

0000844