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Feb 24, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002881**

1. Corporation Name

**SOUTH LAKE ATHLETIC BOOSTERS, INC.**

Principal Place of Business

15600 SILVER EAGLE ROAD  
GROVELAND FL 32736  
US

Mailing Address

15600 SILVER EAGLE ROAD  
GROVELAND FL 32736  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/21/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3202804
24 Country	29 Country	Applied For
25	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **DAVID TUCKER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**C/O SOUTH LAKE HIGH SCHOOL**  
83 **15600 SILVER EAGLE ROAD**  
84 City **GROVELAND** FL 85 Zip Code **32736**

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 **DAVID TUCKER PRINCIPAL** **David Tucker** 1/18/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	SLOAN, JIM	1.2 NAME	CHARLES H. COSTIGAN JR.
STREET ADDRESS	14704 OLD HWY 50	1.3 STREET ADDRESS	11645 NEMIE OAKS BLVD
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	CLERMONT FLA 34711
TITLE	DVP	2.1 TITLE	
NAME	GAINES, JACK F	2.2 NAME	
STREET ADDRESS	173 W. OSCEOLA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	FIELDS, SANDY	3.2 NAME	
STREET ADDRESS	16432 CANDY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVERDE FL 34756	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **DAVID TUCKER** 1/18/99 352 394 5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)