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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003029

1. Corporation Name

**C. LEON KING HIGH SCHOOL ATHLETIC BOOSTER CLUB,
INC.**

Principal Place of Business

6815 N. 56TH STREET
TAMPA FL 33610

Mailing Address

6815 N. 56TH STREET
TAMPA FL 33610

* 1 106036 - 90024 - 19

DEPARTMENT OF STATE



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/01/1993

4. FEI Number

58-3211258

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

9. Name and Address of Current Registered Agent

TOOHEY, JACK
6607 MAYBOLE PLACE
TEMPLE TERRACE FL 33617

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ROBERTS, ELIZABETH
STREET ADDRESS 9207 HOLLYRIDGE
CITY-ST-ZIP TEMPLE TERRACE FL 33637 ☒ DELETE

TITLE VD
NAME MCPHILLIPS, DAVID
STREET ADDRESS 12207 N. 53RD STREET
CITY-ST-ZIP TAMPA FL 33617 ☒ DELETE

TITLE VD
NAME PAWLOWSKI, PHIL
STREET ADDRESS 5105 E. 120TH AVENUE
CITY-ST-ZIP TAMPA FL 33617 ☒ DELETE

TITLE VD
NAME KIBLER, JOY
STREET ADDRESS 7804 RIVER RIDGE DRIVE
CITY-ST-ZIP TEMPLE TERRACE FL 33637 ☐ DELETE

TITLE TD
NAME ALPAUGH, SANDRA
STREET ADDRESS 622 DOWNS AVENUE
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☐ DELETE

TITLE SD
NAME VINING, JUDY
STREET ADDRESS 6612 HEATHERTON CT
CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Vining, Judy
1.3 STREET ADDRESS 6612 Heatherston Ct.
1.4 CITY-ST-ZIP Temple Terrace, FL 33617

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME McCorkle, Mary Ellen
2.3 STREET ADDRESS 6200 Fairway Blvd.
2.4 CITY-ST-ZIP Apollo Beach, FL 33572

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Gaddis, Tony
3.3 STREET ADDRESS 1628 Sand Hollow Lane
3.4 CITY-ST-ZIP Valrico, FL 33594

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE SD ☒ Change ☒ Addition
6.2 NAME Tustison, Sue
6.3 STREET ADDRESS 6707 Whiteway Drive
6.4 CITY-ST-ZIP Temple Terrace, FL 33617

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: *Sandra M. Alpaugh* **SIGMA OFFICE REFUSED** *Sandra M. Alpaugh* 1/14/99 (813) 988-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)