

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000003215 (1)

1. Corporation Name

LAKEWOOD HIGH FOOTBALL BOOSTERS, INC.



Principal Place of Business

LAKEWOOD HIGH SCHOOL  
1400-54 AVE SO  
ST PETERSBURG FL 33705  
US

Mailing Address

3034 HOMESTEAD OAKS DR  
BRIAN BRUCH  
CLEARWATER FL 34619  
US

3. Date Incorporated or Qualified  
07/19/1993

3a. Date of Last Report  
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCH, TRACEY  
3034 HOMESTEAD OAKS DR  
CLEARWATER FL 34619

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 (a title that is not)

(If title Registered Agent signature required when for state go)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GICKING, JOHN  
STREET ADDRESS 6300 22ND ST. S.  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE VD  
NAME WAGNER, LUANNE  
STREET ADDRESS 1905-54 TERR SO  
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE D  
NAME BRUCH, TRACEY  
STREET ADDRESS 3034 HOMESTEAD OAKS DR  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE TD  
NAME PRZYJOJSKI, PAT  
STREET ADDRESS 312 LEWIS BLVD S.E.  
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE SD  
NAME VALLEZ, HELENE  
STREET ADDRESS 10200 GANDY BLVD #1307  
CITY-ST-ZIP ST PETERSBURG FL

☒ DELETE

TITLE D  
NAME WHITLOCK, TOM  
STREET ADDRESS 2112 BARCELONA WAY SO  
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☒ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☒ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96

570-4583

Daytime Phone #

CR2E037 (12/95)