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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
LAKEWOOD HIGH SCHOOL 1400-54 AVE SO ST PETERSBURG FL 33705 US	3034 HOMESTEAD OAKS DR BRIAN BRUCH CLEARWATER FL 34619-1625 US

3. Date Incorporated or Qualified: **07/19/1993**
3a. Date of Last Report: **08/12/1996**

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

4. FEI Number: **59-3194001** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRUCH, TRACEY
3034 HOMESTEAD OAKS DR
CLEARWATER FL 34619

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	GICKING, JOHN		1.2 NAME	Rick McChesney	
STREET ADDRESS	6300 22ND ST. S.		1.3 STREET ADDRESS	2827 51st Ave S.	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg FL	
TITLE	D	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WAGNER, LUANNE		2.2 NAME	John Ferguson	
STREET ADDRESS	1905 54 TERRACE SO		2.3 STREET ADDRESS	4380 Neptune DR SE	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg FL	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRUCH, TRACEY		3.2 NAME		
STREET ADDRESS	3034 HOMESTEAD OAKS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	PRZYOJSKI, PAT		4.2 NAME	PAT PRZYOJSKI	
STREET ADDRESS	312 LEWIS BLVD S.E.		4.3 STREET ADDRESS	4500 Cobia DR SE	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	St. Petersburg FL	
TITLE	SD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	CARTER, JOHN L. JR.		5.2 NAME	MARY PAT Mc. Chesney	
STREET ADDRESS	4896 26TH CT. S.		5.3 STREET ADDRESS	2827 51st Ave S	
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP	St. Petersburg FL	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITLOCK, TOM		6.2 NAME	Pamela Corbett	
STREET ADDRESS	2112 BARCELONA WAY SO		6.3 STREET ADDRESS	4649 Cortez Way S	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	St. Petersburg FL	

CR2E037 (9/96)

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.

SIGNATURE: X _____ DATE: 04/30/1997