

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:23

DOCUMENT # N93000003737 (4)

1. Corporation Name
RICKARD MIDDLE SCHOOL BOOSTERS' CLUB, INC.

Principal Place of Business RICKARD MIDDLE SCHOOL 6000 NE 9TH AVE OAKLAND PARK FL 33334	Mailing Address RICKARD MIDDLE SCHOOL 6000 NE 9TH AVE OAKLAND PARK FL 33334
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1993	3a. Date of Last Report 10/05/1994
4. FEI Number 65-0441303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**WATTS, JEAN
RICKARD MIDDLE SCHOOL
6000 NE 9TH AVE
OAKLAND PARK FL 33334**

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

12. OFFICERS AND DIRECTORS

TITLE P	NAME SCHARF, ANN
STREET ADDRESS 1581 NE 47TH CT	CITY-ST-ZIP OAKLAND PARK FL 33334
TITLE V	NAME WENGER, GARY L
STREET ADDRESS 4723 NE 17TH TERR	CITY-ST-ZIP OAKLAND PARK FL 33334
TITLE ST	NAME GELARDI, KULANI
STREET ADDRESS 4704 NE 17TH AVE	CITY-ST-ZIP OAKLAND PARK FL 33334
TITLE D	NAME WENGER, LINDA
STREET ADDRESS 4723 NE 17TH TERR	CITY-ST-ZIP OAKLAND PARK FL 33334
TITLE D	NAME SCHARF, DAVE
STREET ADDRESS 1581 NE 47TH CT	CITY-ST-ZIP OAKLAND PARK FL 33334
TITLE D	NAME GELARDI, JOHN
STREET ADDRESS 4704 NE 17TH AVE	CITY-ST-ZIP OAKLAND PARK FL 33334

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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: Ann Scharf Ann Scharf 2.1.95 305.781.1579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)