


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004994 (0)

1. Corporation Name

SEABREEZE HIGH SCHOOL BOOSTERS, INC.

Principal Place of Business

Mailing Address

1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

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DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

11/01/1993

4. FEI Number

59-3268757

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WOODS, JUDSON I JR
1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

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	<input checked="" type="checkbox"/> DELETE
NAME	BOŠANG, RICK	
STREET ADDRESS	7 SHADOW CREEK WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPEARMAN, HARRY	
STREET ADDRESS	8 RIVER RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	ID	<input type="checkbox"/> DELETE
NAME	WILSON, BOB	
STREET ADDRESS	36 RIVER RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAN	
STREET ADDRESS	70 WOODFIELD COURT	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLEY, GLENNA	
STREET ADDRESS	2 SPRINGWOOD TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lucy Teeters	
1.3 STREET ADDRESS	10 Broadriver Road	
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Diana Dyer	
4.3 STREET ADDRESS	1714 North Halifax Drive	
4.4 CITY-ST-ZIP	Ormond Beach, FL 32118	

5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mary Harowski	
5.3 STREET ADDRESS	97 North St. Andrews Drive	
5.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rob Wilson

8/3/98

904-258-2582

CR2E037 (5/98)