SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:24

DOCUMENT # N93000005364 (5)

1. Corporation Name
FLYING L SCIENCE BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
FT. LAUDERDALE HIGH SCHOOL 1600 NE 4TH AVE. FT. LAUDERDALE FL 33305	FT. LAUDERDALE HIGH SCHOOL 1600 NE 4TH AVE. FT. LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 05/27/1994
4. FEI Number: 65-0451318 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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)

9. Name and Address of Current Registered Agent

MICHALAK, MARY A
1637 NE 17TH ST.
FT. LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name: MARY A. MICHALAK
82 Street Address (P.O. Box Number is Not Acceptable): 812 N.W. 28TH CT
83: WILTON MANORS
84 City: FL 85 Zip Code: 33311

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	MICHALAK, MARY A	12 NAME	MICHALAK, MARY A	
STREET ADDRESS	1637 NE 17TH ST.	13 STREET ADDRESS	812 N.W 28TH Ct	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	14 CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	DV	21 TITLE		☐ Change ☐ Addition
NAME	TOBIAS, KAREN	22 NAME		
STREET ADDRESS	2725 NE 6TH AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334-2556	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	DUNCKEL, ROBERT B	32 NAME		
STREET ADDRESS	2464 NE 27TH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CARUSO, SUSAN	42 NAME		
STREET ADDRESS	2741 NE 6TH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334-2556	44 CITY-ST-ZIP		
TITLE	DT	51 TITLE		☐ Change ☐ Addition
NAME	ZEMINA, MARTIN	52 NAME		
STREET ADDRESS	769 NW 92ND AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324	54 CITY-ST-ZIP		
TITLE	P	61 TITLE	P	☒ Change ☐ Addition
NAME	MICHALAK, MARY ANN	62 NAME	MICHALAK MARY ANN	
STREET ADDRESS	1637 NE 1 7TH ST.	63 STREET ADDRESS	812 N.W. 28TH Ct	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	64 CITY-ST-ZIP	WILTON MANORS FL 33311	

CR2E037 (3/95)

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: Mary Ann Michalak 6-12-95 561-0254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

change of address only!

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