

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005385 (0)

1. Corporation Name

WILLISTON HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC



Principal Place of Business

Mailing Address

427 W NOBLE AVE  
 WILLISTON FL 32696  
 US

PO BOX 487  
 WILLISTON FL 32696  
 US

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 836

22 City & State

27 Suite, Apt. #, etc.  
 28 Williston, FL

24 Zip

25 Country

29 32696

30 Country

US

4. FEI Number

59-3243368

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

TURNER, DONNA D  
 340 NE 1ST AVE.  
 WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name

Janice Benton

82 Street Address (P.O. Box Number is Not Acceptable)

Rt. 1 Box 10

83

1350 SE 215th Ave.

84 City

Morriston

FL

85 Zip Code 32668

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

*Janice Benton*

Janice Benton, Treasurer

6/11/96

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  DELETE

NAME WEBB, CHARLES M JR  
 STREET ADDRESS HWY 121 N. (P.O. BOX 820) N/A  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE  DELETE

NAME ALVERSON, CHARLOTTE  
 STREET ADDRESS 602 N.E. 10TH BLVD.  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE  DELETE

NAME TURNER, DONNA D  
 STREET ADDRESS 340 NE 1ST AVE.  
 CITY-ST-ZIP WILLISTON FL 32696

TITLE  DELETE

NAME BENTON, JANICE T  
 STREET ADDRESS RT. 1, BOX 10  
 CITY-ST-ZIP MORRISTON FL 32668

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME Webb, Charles M. Jr.  
 1.3 STREET ADDRESS Hwy 121 N. (P.O. Box 820) N/A  
 1.4 CITY-ST-ZIP Williston, FL 32696

2.1 TITLE  Change  Addition

2.2 NAME Emily Hobby  
 2.3 STREET ADDRESS Rt. 1 Box 1360  
 2.4 CITY-ST-ZIP Williston, FL 32696

3.1 TITLE  Change  Addition

3.2 NAME Cathy Hartley  
 3.3 STREET ADDRESS 131 NE 3rd St.  
 3.4 CITY-ST-ZIP Williston, FL 32696

4.1 TITLE  Change  Addition

4.2 NAME Benton, Janice T.  
 4.3 STREET ADDRESS 1350 SE 215th Ave.  
 4.4 CITY-ST-ZIP Morriston, FL 32668

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

Bank deposit \$ 61.25

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:

*Janice Benton*

Janice Benton/Treasurer (352) 395-0441

Date

Daytime Phone #