

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

**427 W NOBLE AVE  
WILLISTON FL 32696  
US**

Mailing Address

**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

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

**24**  
Country

2a. Mailing Address

**26** **P.O. Box 836**

Suite, Apt. #, etc.

**27**  
City & State

**28** **Williston, FL**

**29** **32696**

**30** **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

**Morrison**

**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**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**WEBB, CHARLES M JR**  
**HWY 121 N. (P.O. BOX 820) N/A**  
**WILLISTON FL 32696**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**ALVERSON, CHARLOTTE**  
**602 N.E. 10TH BLVD.**  
**WILLISTON FL 32696**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D**  
**BENTON, JANICE T**  
**RT. 1, BOX 10**  
**MORRISTON FL 32668**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**D**  
**Webb, Charles M. Jr.**  
**Hwy 121 N. (P.O. Box 820) N/A**  
**Williston, FL 32696**

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**D**  
**Emily Hobby**  
**Rt. 1 Box 1360**  
**Williston, FL 32696**

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**D**  
**Cathy Hartley**  
**131 NE 3rd St.**  
**Williston, FL 32696**

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

**D**  
**Benton, Janice T.**  
**1350 SE 215th Ave.**  
**Morrison, FL 32668**

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

*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 #

0003331

CRZE037 (3/96)