

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 836 WILLISTON FL 32696-0836 US
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3. Date Incorporated or Qualified 12/15/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3243368	Applied For 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
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent
**BENTON, JANICE
1350 SE 215TH AVE.
MORRISTON FL 32688**

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: *Janice Benton* **Janice Benton** DATE: **4/28/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEBB, CHARLES M JR	
STREET ADDRESS	HWY 121 N. (P.O. BOX 820) N/A	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOBBY, EMILY	
STREET ADDRESS	RT. 1 BOX 1360 N/A	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTLEY, CATHY	
STREET ADDRESS	131 NE 3RD ST.	
CITY-ST-ZIP	WILLISTON FL 32696	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENTON, JANICE T	
STREET ADDRESS	1350 SE 215TH AVE.	
CITY-ST-ZIP	MORRISTON FL 32688	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Jack Screws		
1.3 STREET ADDRESS	320 SW 7th Ave		
1.4 CITY-ST-ZIP	Williston, FL 32696		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Deborah Smith		
3.3 STREET ADDRESS	2851 NE 180th Ave		
3.4 CITY-ST-ZIP	Williston, FL 32696		
4.1 TITLE	Marion Cason	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	1021 SE 8th st.		
4.3 STREET ADDRESS	Williston, FL 32696		
4.4 CITY-ST-ZIP	Williston, FL 32696		
5.1 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Janice Benton		
5.3 STREET ADDRESS	1350 SE 215th Ave		
5.4 CITY-ST-ZIP	Morrison, FL 32668		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 the attachment with an address.

SIGNATURE: *Janice Benton* **Director** DATE: **4/28/97** 352
Signature and typed or printed name of signing officer or director Daytime Phone # **395-0441**

CR2E037 (9/96)