


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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

Mailing Address

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

**PO BOX 836  
WILLISTON FL 32696-0836  
US**

3. Date Incorporated or Qualified  
**12/15/1993**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**BENTON, JANICE  
1350 SE 215TH AVE.  
MORRISTON FL 32668**

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*  
Signature, typed or printed name of registered agent and title if applicable.

*Janice Benton*  
(NOTE: Registered Agent signature required when reinstating)

**4/28/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEBB, CHARLES M JR</b>	
STREET ADDRESS	<b>HWY 121 N. (P.O. BOX 820)</b>	<b>N/A</b>
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOBBY, EMILY</b>	
STREET ADDRESS	<b>RT. 1 BOX 1380 N/A</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARTLEY, CATHY</b>	
STREET ADDRESS	<b>131 NE 3RD ST.</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENTON, JANICE T</b>	
STREET ADDRESS	<b>1350 SE 215TH AVE.</b>	
CITY-ST-ZIP	<b>MORRISTON FL 32668</b>	
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

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jack Screws</b>	
1.3 STREET ADDRESS	<b>320 SW 7th Ave</b>	
1.4 CITY-ST-ZIP	<b>Williston, FL 32696</b>	
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	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Deborah Smith</b>	
3.3 STREET ADDRESS	<b>2851 NE 180th Ave</b>	
3.4 CITY-ST-ZIP	<b>Williston, FL 32696</b>	
4.1 TITLE	<b>Marion Cason</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>1021 SE 8th St.</b>	
4.3 STREET ADDRESS	<b>Williston, FL 32696</b>	
4.4 CITY-ST-ZIP	<b>Williston, FL 32696</b>	
5.1 TITLE	<b>Janice Benton</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>1350 SE 215th Ave</b>	
5.3 STREET ADDRESS	<b>MORRISTON, FL 32668</b>	
5.4 CITY-ST-ZIP		
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 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 an attachment with an address.

SIGNATURE:

*Janice Benton, Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**352**  
**4/28/97**  
**395-0441**  
Date Daytime Phone #0011010

CR2E037 (9/96)