

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N93000005385 (0)**  
 1. Corporation Name  
**WILLISTON HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC**



Principal Place of Business <b>427 W NOBLE AVE WILLISTON FL 32696 US</b>	Mailing Address <b>PO BOX 836 WILLISTON FL 32696 US</b>
---	--

3. Date Incorporated or Qualified <b>12/15/1993</b>	
4. FEI Number <b>59-3243368</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Cason, Marion</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>1021 SE 8th ST</b>
<b>83</b>
<b>84</b> City <b>Williston</b>
<b>85</b> Zip Code <b>FL 32696</b>

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 Marion Cason (Marion Cason) DATE \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCREWS, JACK</b>	
STREET ADDRESS	<b>320 SW 7TH AVE</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOBBY, EMILY</b>	
STREET ADDRESS	<b>RT. 1 BOX 1360 N/A</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, DEBORAH</b>	
STREET ADDRESS	<b>2851 NE 180TH AVE</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASON, MARION</b>	
STREET ADDRESS	<b>1021 SE 8TH ST</b>	
CITY-ST-ZIP	<b>WILLISTON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENTON, JANICE</b>	
STREET ADDRESS	<b>1350 SE 215TH AVE</b>	
CITY-ST-ZIP	<b>MORRISTON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hobby, Emily</b>	
2.3 STREET ADDRESS	<b>15720 SW 191ST AVE</b>	
2.4 CITY-ST-ZIP	<b>Williston, FL 32696</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Melton, Sheila</b>	
3.3 STREET ADDRESS	<b>612 NE 10th Blvd</b>	
3.4 CITY-ST-ZIP	<b>Williston, FL 32696</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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.

CR2E037 (10/97)