

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90075 004 ****61.25

DOCUMENT # N93000005385

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
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/15/1993

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

9. Name and Address of Current Registered Agent

CASON, MARION
1021 SE 8TH ST
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name

Holder, Sharon

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

2250 NE 175th Ave

83

84 City

Williston

FL

85 Zip Code
32696

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

Sharon Holder
(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME SCREWS, JACK
STREET ADDRESS 320 SW 7TH AVE
CITY-ST-ZIP WILLISTON FL

TITLE VD ☐ DELETE
NAME HOBBY, EMILY
STREET ADDRESS 15720 S W 191ST AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE SD ☐ DELETE
NAME MELTON, SHEILA
STREET ADDRESS 612 N E 10TH BLVD
CITY-ST-ZIP WILLISTON FL 32696

TITLE D ☒ DELETE
NAME CASON, MARION
STREET ADDRESS 1021 SE 8TH ST
CITY-ST-ZIP WILLISTON FL

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 PD ☐ Change ☒ Addition
1.2 NAME mack, Gary
1.3 STREET ADDRESS 17851 NE 25th ST.
1.4 CITY-ST-ZIP williston, FL 32696

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

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

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Holder, Sharon
4.3 STREET ADDRESS 2250 NE 175th Ave.
4.4 CITY-ST-ZIP williston, FL 32696

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

14. I 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, with all other like empowered.

SIGNATURE: Marion Cason 4/29/99 352-528-3101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)