

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002007 (2)

1. Corporation Name
LEHIGH SENIOR HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business
**801 GUNNERY ROAD
LEHIGH ACRES FL 33971**

Mailing Address
**801 GUNNERY ROAD
LEHIGH ACRES FL 33971**

3. Date Incorporated or Qualified **04/22/1994** 3a. Date of Last Report **09/08/1995**

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

4. FEI Number **65-0487917** 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
**NORTH, JOSEPH R
1715 MONROE STREET
FT MYERS FL 33902**

10. Name and Address of New Registered Agent

81	Name	Joseph R. North
82	Street Address (P.O. Box Number is Not Acceptable)	2256 Heitman Street
83		
84	City	Fort Myers
85	State	FL
	Zip Code	33901

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: Joseph R. North DATE: **4-30-96**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHAW, ROBERT	
STREET ADDRESS	221 JEFFERSON AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ADES, DAWN	
STREET ADDRESS	4200 7TH ST. SW	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BOOE, PHYLISS	
STREET ADDRESS	3106 BRIAN AVE. SOUTH	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
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 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: Phylliss Booe DATE: **4-26-96** DAYTIME PHONE #: **941-658-3560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)