

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 # N94000002865 (3)

1. Corporation Name

ATLANTIC HIGH SCHOOL ATHLETIC BOOSTER CLUB, INC.



Principal Place of Business 1250 REED CANAL RD PORT ORANGE FL 32119 US		Mailing Address 1250 REED CANAL RD PORT ORANGE FL 32119 US		3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 59-3252076	Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICKMYRE, GAY 2949 GASLIGHT DRIVE SOUTH DAYTONA FL 32119				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, NANCY	1.2 NAME	
STREET ADDRESS	1967 RED CEDAR C.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOTZ, DAVID	2.2 NAME	
STREET ADDRESS	3131 S. RIDGEWOOD AVE., #412	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARN, CYNTHIA	3.2 NAME	
STREET ADDRESS	1226 PAGANO CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKMYRE, GAY	4.2 NAME	
STREET ADDRESS	2949 GASLIGHT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCHER, JERRY	5.2 NAME	
STREET ADDRESS	1250 REED CANAL RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, KATHY	6.2 NAME	
STREET ADDRESS	1362 ANA MARIA	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	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: *Sandra B. Mortham* **4/24/96** **904-254-6875**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sandra B. Mortham, Sec. Treas.

CR2E037 (12/95)