

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003197 (0)

1. Corporation Name

SEBASTIAN RIVER ATHLETICS CLUB, INC.

Athletics Booster Association, Inc

Principal Place of Business

Mailing Address

1327 N. CENTRAL AVENUE  
SEBASTIAN FL 329581327 N. CENTRAL AVENUE  
SEBASTIAN FL 32958-16073. Date Incorporated or Qualified  
06/28/19943a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDEVOORDE, RENE G  
1327 N. CENTRAL AVENUE  
SEBASTIAN FL 32958

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD - TD	<input type="checkbox"/> DELETE
NAME	VANDEVOORDE, RENE G	
STREET ADDRESS	1327 N. CENTRAL AVENUE	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, LONNIE	
STREET ADDRESS	885 ROSELAND ROAD	
CITY - ST - ZIP	SEBASTIAN FL 32958	
TITLE	D / V	<input type="checkbox"/> DELETE
NAME	RAMSEY, CECIL	
STREET ADDRESS	1213 BEVAN DR.	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DONINI, TONY	
STREET ADDRESS	1331 N. CENTRAL AVENUE	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HILL, JOHN	
STREET ADDRESS	367 MAIN STREET	
CITY - ST - ZIP	SEBASTIAN FL	
TITLE	D / P	<input type="checkbox"/> DELETE
NAME	CICHEWICZ, STAN	
STREET ADDRESS	626 SEMBLER STREET	
CITY - ST - ZIP	SEBASTIAN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NALEPA, SUE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	14041 INDIAN RIVER DRIVE	
1.3 STREET ADDRESS	SEBASTIAN, FL 32958	
1.4 CITY - ST - ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Duffell, DAN	
2.3 STREET ADDRESS	9026 US 4	
2.4 CITY - ST - ZIP	SEBASTIAN, FL 32958	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stutzke, Michael	
3.3 STREET ADDRESS	VERD BEACH, FL 325	
3.4 CITY - ST - ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stutzke, Michael	
4.3 STREET ADDRESS	9001 90 AVE	
4.4 CITY - ST - ZIP	SEBASTIAN, FL 32958	
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	800002101858	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/03/97--01016--013	
6.3 STREET ADDRESS	***\$1.25	
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:

René G. VanDeVoorde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

561-589-4353

Daytime Phone # 0020389

CP2E037 (9/96)