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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003197 (0)**

1. Corporation Name

SEBASTIAN ATHLETICS BOOSTER ASSOCIATION, INC.



Principal Place of Business 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958		Mailing Address 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958		3. Date Incorporated or Qualified 06/28/1994	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3255925	
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		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29		Country 30		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	

9. Name and Address of Current Registered Agent VANDEVOORDE, RENE G 1327 N. CENTRAL AVENUE SEBASTIAN FL 32958		10. Name and Address of New Registered Agent	
		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	VANDEVOORDE, RENE G	1.2 NAME	
STREET ADDRESS	1327 N. CENTRAL AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	NALEPA, SUE	2.2 NAME	
STREET ADDRESS	14041 INDIAN RIVER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	RAMSEY, CECIL	3.2 NAME	
STREET ADDRESS	1213 BEVAN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	DUFFELL, DAN	4.2 NAME	
STREET ADDRESS	9025 US 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STUTZKE, MICHAEL	5.2 NAME	
STREET ADDRESS	9001 90 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	
NAME	CICHEWICZ, STAN	6.2 NAME	
STREET ADDRESS	626 SEMBLER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	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.

SIGNATURE: *René G. Vandevoorde* **4/5/98** **501-589-4353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020294

CR2E037 (10/97)